2004

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 31, 2004 8:00 am Secretary of State

DOCUMENT # P00000109734					03-31-2004 90011 005 ***150.00		
Modelo	Used Auto & Tr	ıck Parts	s, Inc.				
	DG NOT WRIT	een te	PAGE				
					44022596		
2. Principal Place of Business		3. Mailing Address 9770 N.W. So. River Dr					
9770 <u>N.V</u> Suite, Apt. #	W. So. River Dr.	9 / / U N . Suite, Apt. #		Kiver Di	DO NOT WRITE IN THE	S SPACE	
City & State		City & State			4. FEI Number	Applied For	
Medley, FL		Medley, FL Zip Country		65-1066935 Not Applicable \$8.75 Additional			
Zip 331 <u>66</u>	Country USA	33166	USA	y	Certificate of Status Desired	Fee Required	
	DO NOT WRITE IN T				7. Name and Address of Current Register	ered Agent	
				Name Garcia	, Celestino	ļ	
				Street Addres	s (P.O. Box Number is Not Acceptable) . W . 55th St .		
27 7-11-11-11-11-11-11-11-11-11-11-11-11-11				9401 S	.w. 55th St.		
		i odlatnovani v		City	F	Zip Code 33165	
				<u> Miami</u>	registered agent, or both, in the State of Flo		
	the obligations of registered ager			· 		,	
	Signature, typed or printed name of reg	istered agent and title	if applicable. (NOTE: Registered	Agent signature required when reinstating)	DATE	
	wary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department	of State			Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND		pill.				
TITLE	D/P/S/T		Ήn	E			
NAME	Garcia, Celest		NÁN	- No William Color Strain 1985 and the			
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					ad in Section 110 07/2\/i) Elected Statutes		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIC	LN4	ΔTI	IRF:

STF FL32381F.1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-888-7526

Date

Daytime Phone #