

12-03

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *P01000043057*

1. Entity Name

FILTERS & TRACTORS PARTS EXPORT INC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 12 AM 9:15

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4901 SW 52 Ave

Suite, Apt. #, etc.

n/a

3. Mailing Address

Suite, Apt. #, etc.

City & State

Davie, Fl.

City & State

Zip

33314

Country

U S

Zip

Country

4. FEI Number

65-1116074

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Luis Sanchez

Street Address (P.O. Box Number is Not Acceptable)

4901 SW 52 Ave.

City Davie

FL

Zip 33314

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Luis Sanchez

05-06-2003/

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE President
NAME Luis Sanchez
STREET ADDRESS 6610 Winfield Blvd.
CITY-STATE-ZIP Margate FL 33063

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600018690276
05/12/03--01011--012 **300.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

[Signature]

Luis Sanchez

3/25/2003

954-261-9337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

st20 aw