

FILED
Aug 04, 2002 8:00 am
Secretary of State

07-22-2002 90167 009 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000059963
1. Entity Name
A ACTION USED AUTO PARTS INC.

Principal Place of Business Mailing Address
3390 NW 127 ST 3390 NW 127 ST
OPA LOCKA FL 33054 OPA LOCKA FL 33054

40040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
3390 N.W 127ST 3390 NW 127ST
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Opa locka FL Opa-locka FL
Zip Zip
33054 USA 33054 USA

4. FEL Number Applied For
65-1143021 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LOPEZ, JESUS
3390 NW 127 ST
OPA LOCKA FL 33054

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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]*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See Criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LOPEZ, JESUS 3390 NW 127 ST OPA LOCKA FL 33054 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attachment re # 1000059963
A-ACTION USED AUTO PARTS
3390 NW 127 ST.
Opa-locka. FL. 33054
40520

Thursday, July 18, 2002

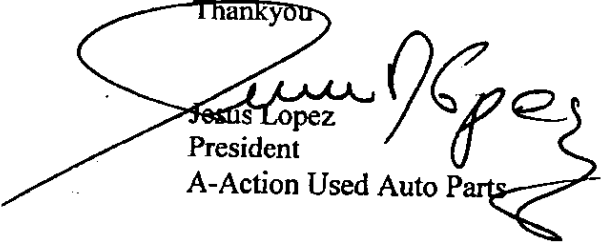
Florida Department of State
Division of Corporation

To hum it may concern:

This letter is concerning to the corporation registration fee. Our telephone conversation whit Steve (Corporate Division) I explained that we never received the first notice. He explains to me that it was our responsibility, but been is the first year filing he accepted our apologist.

He request me this explanation letter and cashier check for \$150.00

Thankyou


Jesus Lopez
President
A-Action Used Auto Parts

Attachment
Florida Department of Revenue Employer's Quarterly Report
ALL INFORMATION MUST BE TYPED OR PRINTED CLEARLY IN BLACK INK

REV. 12/01

Employers are required to file quarterly tax/wage reports regardless of employment activity or whether any taxes are due.

QUARTER ENDING: **0 6 3 0 2 0 0 2** DUE DATE: **07/01/2002** PENALTY AFTER DATE: **07/31/2002** ACCOUNT NUMBER: **2 3 6 2 3 0 1 3**



A ACTION USED PARTS INC

Do not make any changes to the pre-printed information on this form. If changes are needed, complete the enclosed Employer Account Change Form (UCS-3).

TAX RATE: **.0270** F.O.I. NUMBER: **65-1143021**
 NAICS CODE: **999999** FOR OFFICIAL USE ONLY POSTMARK DATE: **40520**

1. Enter the total number of full-time and part-time covered workers who performed services during or received pay for the payroll period including the 12th of the month.

1st Month: 0
 2nd Month: 0
 3rd Month: 0

2. Gross Wages Paid This Quarter (Must be same as item 13): **#P01000059963**
 3. Wages Paid This Quarter in Excess of \$7,000 Per Employee This Year

4. Taxable Wages For This Quarter (Item 2 minus item 3)

5. Tax Due (Multiply item 4 by Tax Rate)

6. Penalty Due (See instructions)

7. Interest Due (See instructions)

8. Total Amount Due
 Make check payable to: Florida D.C. Fund
 (if less than \$1.00 no remittance is necessary)

I certify the information contained on this report is true and correct and no part of the unemployment tax was or is to be deducted from the employee's wages.

Signature: *[Handwritten Signature]*
 Title: **PRESIDENT**

Phone: Date: **7/5/2002**

Preparer's Name: Preparer's Phone:

9. EMPLOYEE'S SOCIAL SECURITY NUMBER

10. EMPLOYEE'S NAME (Please print first eleven characters of last name in boxes)
 Last Name First Initial Middle Initial

11. EMPLOYEE'S GROSS WAGES PAID THIS QUARTER

NO OPERATION AT THIS TIME

If Required Use Reverse Side For Additional Employees.

12. Total Gross Wages This Page

13. Total Gross Wages All Pages (Must be same as item 2 - Gross Wages)