

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

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90054 008 ***150.00

DOCUMENT # **PO1000063252**

1. Entity Name

TAIWAN AUTO PARTS Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

175 FONTAINEBLEAU BLVD

3. Mailing Address

175 FONTAINEBLEAU BLVD

Suite, Apt. #, etc.

12-7

Suite, Apt. #, etc.

12-7

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33172

Country

USA

Zip

33172

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1118369

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

GABRIEL DEJARDEN, CPA

Street Address (P.O. Box Numbers Not Acceptable)

175 FONTAINEBLEAU BLVD, STE 12-7

City

MIAMI

FL

Zip Code

33172

**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.

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P/D	ISABEL BERMUDEZ TARAZONA	AVE. PAEZ, CALLE 5TA, Res. Andres Bello	APT 12, CARACAS, VENEZUELA				
T/S/D	PAULO A. BERMUDEZ	AVE. PAEZ, CALLE 5TA, Res. Andres Bello	APT 12, CARACAS, VENEZUELA				
V/P/D	CARMEN PEÑARANDA DE BERMUDEZ	AVE. PAEZ, CALLE 5TA, Res. Andres Bello	APT 12, CARACAS, VENEZUELA				

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/86/02 (305) 552-5777

CR2E034B (12/01)