2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

P01000065648 DOCUMENT

1. Entity Name

Principal Place of Business

INTEURO PARTS DISTRIBUTORS, INC.

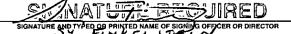


FILED Jan 27, 2003 8:00 am Secretary of State 01-27-2003 90243 040 ***150.00

9970 NORTHWEST 89TH COURT MEDLEY FL 33178		9970 NORTHWEST 89TH COURT MEDLEY FL 33178		,		
2. Principal Place of Business		3. Mailing Address			DIF BEZIJI SBIJAL BEZIJE BEZIJE BIJIDI BIJAN STIJA BIJODI 1011 1601	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHEC	☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 59-22	4. FEI Number 59-2283788 Applied For Not Applicable	
Zip	Country	Zip	Country			
6. Name and Address of Current Registered Agent				7. Name and Address	of New Registered Agent	
			Name	Name		
CORPORATION SERVICE COMPANY 1201 HAYS STREET			Street Addr	Street Address (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301-2525					******	
TALLATAGGLE FE 3230 F2323			City	Sity 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
	Signature, typed or printed traine or registered ager	Transition applicable: (NOTE	. Neglatered Agent algridule re	dans with tomstaning)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Can Trust Fund C	npaign Financing \$5.00 May Be ontribution. Added to Fees	
10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS IN 11	
	P	☐ Delete	TITLE		☐ Change ☐ Addition	
	MOGARTY, CHARLES J		NAME			
	9970 NW 89TH COURT MEDLEY FL 33178		STREET ADDRESS CITY-ST-ZIP	,		
TITLE	VP	☐ Delete	TITLE	•	☐ Change ☐ Addition	
	PALUMBO, JOHN		NAME			
	9970 NW 89TH COURT		STREET ADDRESS			
	MEDLEY FL 33178		CITY-ST-ZIP		Change Addition	
TITLE NAME	S LOCKWOOD, JAMES	☐ Delete	NAME		- Change Modition	
	9970 NW 89TH COURT		STREET ADDRESS			
	MEDLEY FL 33178		CITY-ST-ZIP			
TITLE	T	☐ Delete	TITLE	••	☐ Change ☐ Addition	
	SY, FINKELSTEIN		NAME			
	9970 NW 89TH COURT		STREET ADDRESS			
CITY-ST-ZIP	MEDLEY FL 33178		CITY-ST-ZIP			
TITLE	,	☐ Delete	TITLE		Change Addition	
NAME CTREET ADDRESS I			NAME STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	·		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	1	☐ Change ☐ Addition	
NAME		D DOIGLO	NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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

SIGNATURE:



305-863-7537