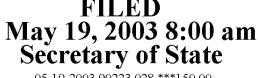
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P01000071659 **DOCUMENT#** 1. Entity Name



FILED										
May 19, 2003 8:00 am Secretary of State	ì									
Secretary of State 05-19-2003 90223 028 ***150.00										

JS USED AUTO PARTS, INC.										
Principal Plac 4316 NW 22 A MIAMI FL 331		Aailing Address IS16 NW 22 AVENUE AIAMI FL 33142								
2. Principal F	lace of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES			
City & Stat	е	City & State				4.	4. FEI Number 65-1123565 Applied For Not Applicable			
Zip	Country	Zip	Zip Country			5.	5. Certificate of Status Desired S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent						7.	Name and Address of New Registered			
			•		Name					
DUBON, G					Street Address	s (P.O. E	Box Number is Not Acceptable)			
	22 AVENUE									
MIAMI FL	33 142				City		FL	Zip Code	e .	
8. The above the obligat	named entity submits this statement fi	or the purp	ose of changing its	registere	ed office or regist	tered ag	gent, or both, in the State of Florida. I am I	amiliar with,	and accept	
SIGNATURE	,									
Sidivatoria	Signature, typed or printed name of registered ager	t and title if app	licable. (NOTE	: Registered	d Agent signature requi	red when r	reinstating) DATE	_		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 r Payable to Florida Department of	of State					9. Election Campaign Financing Trust Fund Contribution.	\$5.0 Added	0 May Be to Fees	
	OFFICERS AND	DIRECTO	RS	11.		AE	DDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	3 IN 11	
TITLE NAME STREET A DRESS CITY-ST-ZIP	V URDANETA, JORGE 4316 NW 22 AVENUE MIAMI FL 33142	<u>-</u>	□ Delete					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DUBON, GERARDO J 4316 NW 22 AVENUE MIAMI FL 33142		□ Delete		į.			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		j	_		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		1			Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			□ Delete					Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	orditive that the information as Ω	n thin first	Delete	CITY-	ET ADDRESS ST-ZIP	Page	119.07/3/(i) Florida Statutae I further con	☐ Change	Addition	

I nereby certify that the information supplied with this tring 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 legal 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 trusteer 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 a readers, with all other like empowered.

SIGNATURE: