

**FOR PROFIT CORPORATION** *162*  
**UNIFORM BUSINESS REPORT (UBR)** *100560001636*

DOCUMENT # **P01000088354**

1. Entity Name

American Used Truck Parts  
Export Co. Inc.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 31 AM 7:30

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**4911 31ST ST.**

Suite, Apt. #, etc.

3. Mailing Address

**3605 W. Carmen St.**

Suite, Apt. #, etc.

City & State

**Tampa, FL**

City & State

**Tampa, FL**

Zip

**33619**

Country

**USA**

Zip

**33609**

Country

**USA**

**REINSTATEMENT** *02-05*

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3743190**

Applied For

**59-3743190**

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name **Jaime D. Villegas**

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

**3605 W. Carmen St.**

City **Tampa**

**FL** Zip Code **33609**

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 *Jaime Villegas, R.*

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

(NOTE: Registered Agent signature required when reinstating)

**2-24-05**

DATE

**January 1- May 1, Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$6125**

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE President</b> <b>Saturnia E. Villegas</b> <b>3605 W. Carmen St.</b> <b>Tampa, FL 33609</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>500050750775</b> 04/14/05--01014--011 **600.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Jaime D. Villegas</b> <b>3605 W. Carmen St.</b> <b>Tampa, FL 33609</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *Jaime Villegas, R.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/24/05 813-876-1456**

Daytime Phone #

292

February 24, 2005

To Whom it may concern:

I, Jaime D. Villegas inform you that I did not receive an annual report for the year of 2002. I am recertifying my corporation and to do so I needed to inform you of my situation. My corporation name is American Used Truck Parts Export Co. Inc. My Document Number is P01000088354.

Thank you,

*Jaime Villegas B.*  
Jaime D. Villegas