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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
04 SEP 15 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000115015

1. Entity Name
4 Runner Used Auto Parts, Inc.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03-04
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number	
12901 Alexandria Dr.		65 1157786	Applied For ☐
Suite, Apt. #, etc.	Suite, Apt. #, etc.		Not Applicable ☐
City & State: Opolocka, FL	City & State	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip: 33054 Country	Zip Country		

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Venereo, Arturo
Street Address (P.O. Box Number is Not Acceptable): 12901 Alexandria Drive
City: Opolocka FL Zip Code: 33054

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 P NAME Venereo, Arturo STREET ADDRESS 12901 Alexandria Drive CITY-ST-ZIP Opolocka, FL 33054		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600041 322305 09/24/04--01055--005 **300.00
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CR2E034B (12/02)

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of $300.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2003 and 2004 or any other notice from the Division of Corporations in respect with the Corporation **4 RUNNER USED AUTO PARTS, INC.**

Thank you for your courtesy in this matter.

ARTURO VENEREO
PRESIDENT