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

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

DOCUMENT # P01000115015 1. Entity Name 4 Runner Used Auto Parts, Inc.	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12901 Alexandria Dr. Suite, Apt. #, etc. City & State Opolocka FL Zip 33054	3. Mailing Address Suite, Apt. #, etc. City & State Country Zip Country
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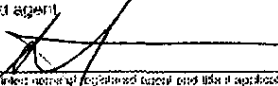
REINSTATEMENT 03-04
DO NOT WRITE IN THIS SPACE

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4. FEI Number 65 115 7286	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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	State 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.

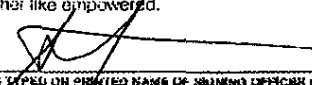
SIGNATURE:  **DATE:** _____

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)

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 ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DO NOT WRITE IN THIS SPACE
P Venereo, Arturo 12901 Alexandria Drive Opolocka, FL 33054		

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

CR2E034B (12/02)

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 VENERIO
PRESIDENT