2002 UNIFORM BUSINESS REPORT (UBR)

AMENDMENT FILED

03 JUL 10 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000117650

1. Entity Name
AUTO CONNECTION PARTS EXPRESS, INC.

Principal Place of Business	Mailing Address
12740 CAIRO LANE OPA LOCKA, FL 33054	12740 CAIRO LANE OPA LOCKA, FL 33054

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 69-0005127 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RODRIGUEZ, EGLYS 12740 CAIRO LANE. OPA LOCKA, FL 33054	Name: MENDEZ, ROLDAN RUDY Street Address (P.O. Box Number is Not Acceptable): 12740 CAIRO LANE City: OPA LOCKA 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 [signature] ROLDAN RUDY MENDEZ 4/5/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

ANNUAL REPORT FEE: $150.00 ... Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution $5.00 May Be Added to Fees.

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, EGLYS 12740 CAIRO LANE OPA LOCKA, FL 33054	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MENDEZ, ROLDAN RUDY 12740 CAIRO LANE OPA LOCKA, FL 33054	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500021460795 06/30/03--01054--004 **43.75	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500021460795 07/10/03--01004--019 **26.25	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] ROLDAN RUDY MENDEZ 4/5/03 305 681-6848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (4/02)