2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/02/03--01030--001 **150.00

DOCUMENT # P02000046002

1. Entity Name: KASS AUTO PARTS

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2. Principal Place of Business: 3685 NW 41 st.
Suite, Apt. #, etc.
City & State: Miami, FL
Zip: 33142 Country: USA

3. Mailing Address: 13704 NW 11th St.
Suite, Apt. #, etc.
City & State: Pembroke Pines
Zip: Country: USA

4. FEI Number: 42-1534550 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: Paulette Saunders
Street Address (P.O. Box Number is Not Acceptable): 13704 NW 11th St.
City: Pembroke Pines FL Zip Code: 33028

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

Corporation Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Checks 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	President
NAME	Paulette Saunders
STREET ADDRESS	13704 NW 11th St
CITY-ST-ZIP	Pembroke Pines, FL 33028
TITLE	
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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: X Paulette Saunders
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #