## 2003 FOR PROFIT CORPORATION

## Mar 17, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBF** .P02000058568 **DOCUMENT #** 1. Entity Name 03-17-2003 91058 037 \*\*\*150.00 T&Y TRANSMISSION PARTS INC. Principal Place of Business Mailing Address 4741 SW 45 ST 4741 SW 45 ST DAVIE FL 33314 DAVIE FL 33314 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For <u> 30-00153</u> Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **VELASQUEZ, JOSE T** Street Address (P.O. Box Number is Not Acceptable) 19701 NW 83 AVE HIALEAH FL 33015 Zip Code 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, typed or printed fame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Delete ☐ Change Addition NAME **VELASQUEZ, JOSE T** NAME STREET ADDRESS 19701 NW 83 AVE STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33015 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 of 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 employed to execute this eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an atta

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

**FILED**