


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

FILED

03 DEC -3 AM 9:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **2-02000086546**
 1. Entity Name
NUPARTS CORP.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 720 SW 43 Street Suite, Apt. #, etc. E 38		3. Mailing Address Suite, Apt. #, etc.	
City & State GAINESVILLE, FL		City & State	
Zip 32607	Country USA	Zip	Country

REINSTATEMENT 03
DO NOT WRITE IN THIS SPACE

4. FEI Number 43-1970386	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **BALLESTEROS, CESAR A**

Street Address (P.O. Box Number is Not Acceptable)
720 SW 43 Street E 38

City **GAINESVILLE** FL Zip Code **32607**

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 **11/21/03**

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

<p>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</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
---	--

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President: Ballesteros, Cesar A 720 SW 43 Street E 38 GAINESVILLE FL 32607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200025170332 12/03/03--01005--002 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *Victor Ballesteros* DATE: _____ DAYTIME PHONE #: **3056394737**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

7



Nuparts, Corp
AGRO ENGINEERING FOR TOMORROW

**Florida Department of State
Division of Corporations**

Dear Sir or Madam:

The purpose of this letter is to inform the Department of State that there is a document that we have not received to the date.

We have been notified that we were supposed to have sent the Uniform Business Report on time. This is the first year that our Company should have presented it and we did not receive the letter advising us to do this transaction.

At the present moment our Company is located in a different address, which we have attached to the mentioned document. We request that this documentation is received and accepted so that we can update the status of the Company.

If you need any further information, please do not hesitate to contact us.

We thank you in advance for the attention and cooperation that you can provide on this matter.

Respectfully yours,


Victor Delgado.
President