FILED
Jul 17, 2003 8:00 am
Secretary of State
04-23-2003 90101 007 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000093991

1. Entity Name
QUALITY PARTS EXPORTERS INC.

55051508

[redacted]

Principal Place of Business	Mailing Address
1028 ANDREWS ROAD	1028 ANDREWS ROAD
W. PALM BEACH FL 33405	W. PALM BEACH FL 33405

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1028 Andrews Rd	1028 Andrews Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Palm Beach FL	City & State: West Palm Beach FL
Zip: 33405 Country: US	Zip: 33405 Country: US

4. FEI Number: 550792973 ☐ 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
FERNANDEZ, MARTHA	Name: MARIO Vidal
1028 ANDREWS ROAD	Street Address (P.O. Box Number is Not Acceptable): 1028 Andrews Road
W. PALM BEACH FL 33405	City: West Palm Beach FL Zip Code: 33405

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: Fernandez Martha Fernandez Director 3/27/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR FERNANDEZ, MARTHA 1028 ANDREWS ROAD W. PALM BEACH FL 33405	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER MARIO Vidal 1028 Andrews Rd West Palm Beach FL 33405	☐ 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
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CR2E034 (10/02)

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

SIGNATURE: Fernandez SIGNATURE REQUIRED 3/27/2003 561 3095567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #