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

FILED

03 NOV 14 PM 5:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P02000121913*

1. Entity Name

MASTER PARTS, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

898 NE 80 STREET

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip *33138*

Country *DADE*

Zip

Country

REINSTATEMENT

03

4. FEI Number

57-1140320

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ALBAROSA DUGARTE

Street Address (P.O. Box Number is Not Acceptable)

898 NE 80 STREET

City

MIAMI, FL

FL

Zip Code

33138

**DO NOT WRITE
IN THIS SPACE**

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 Albarosa

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11/10/03

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*D GARRIDO GABRIEL A
2508 CENTER GATE DR #104
MIAMI, FL 33085*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*D GARRIDO GABRIEL A
898 NE 80 STREET
MIAMI, FL 33138*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*D DUGARTE ALBAROSA
2508 CENTER GATE DR #104
MIAMI, FL 33025*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*D DUGARTE ALBAROSA
898 NE 80 STREET
MIAMI, FL 33138*

TITLE
NAME
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CITY-ST-ZIP

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IN THIS SPACE**

300024704483
*11/14/03-01036-005 **150.00*

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 Albarosa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/03

DATE

Daytime Phone #

CR2E034B (12/02)

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MASTER PARTS, INC
898 NE 80 Street
Miami, FL 33138

October 31, 2003

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

REF: Master Parts, Inc
Document#: P02000121913

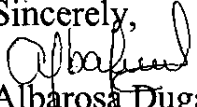
Dear Sir or Madam:

Please be advised that the above-mentioned corporation annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of \$ 150.00

Please advise.

Your cooperation is appreciated.

Sincerely,

Albarosa Dugarte

AD/re