## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P93000044687

DOCUMENT #

1. Entity Name

## DIT DD

05-01-2003 90969 007 \*\*\*150.00

riled								
May 01, 2003 8:00 am								
Secretary of State								
Secretary of State								
0.5 0.1 0.000 0.0000 0.05 44441 50 0.0								

HAPID AUTO PARTS, INC.											
Principal Place 6000 GRANADA CORAL GABLE	<del>-</del>	6000 (	Mailing Address 6000 GRANADA BLVD. CORAL GABLES FL					·			
2. Principal P	Place of Business	3. Mai	ling Address								
Suite, Apt.	# etc	Suit	Suite, Apt. #, etc.								
Juite, Apt.	₩, ₩.O.	Suit	Suite, Apr. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Stat	e	City	City & State				4. FEI Number 65-0421281 Applied For Not Applicable				
Zip	Country	Country			5. (	Certificate of Status Desired	\$8.75 Fee Re	Addit	ional		
	6. Name and Address of Curr	ent Registere	ed Agent			7. N	Name and Address of New Register	ed Agent			
FERNANDEZ, ROGELIO					Name		1				
	NADA BLVD.				Street Address (F	P.O. B	ox Number is Not Acceptable)	<u></u>			
CORAL GA					ļ.—						
					City			Zip	Code		
		nt for the purp	ose of changing its	registere	d office or registere	ed ag	ent, or both, in the State of Florida. I		with, a	nd accept	
the obligat	ions of registered agent.										
SIGNATURE .	Signature, typed or printed name of registered a	gent and title if app	licable. (NOTE	Registere	d Agent signature required	when re	instating) DA				
	ILE NOW!!! FEE IS \$150.00										
After	r May 1, 2003 Fee will be \$550. c Payable to Florida Departmen	00					9Election.Campaign.Financing. Trust Fund Contribution.			May Be	
10.	• OFFICERS A	ND DIRECTO	RS_	11.		AD	DITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS	IN 11	
NAME STREET ADDRESS	D FERNANDEZ, ROGELIO 6000 GRANADA BLVD. CORAL GABLES FL		☐ Delete					☐ Cha	inge	☐ Addition	
TITLE	r. 🗳		☐ Delete	TITLE			<del></del>	☐ Cha	inge	Addition	
NAME STREET ADDRESS CITY-ST-ZIP					E ET ADDRESS -ST-ZIP						
TITLE			☐ Delete	TITLE				☐ Cha	inge	Addition	
NAME STREET ADDRESS CITY-ST-ZIP					et address - St-Zip						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	•	J			☐ Cha	inge	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Cha	inge	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	CITY-	ET ADDRESS ST-ZIP		119 07(3Vi) Elorida Statutos Lfurther	☐ Cha		Addition	

indicated on this report or supplied with this hilling does not qualify for the exemption stated in Section 119.07(3)(). 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 of trustee empowered 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/03

305-6616030

Daytime Phone #