2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P94000055846** Feb 25, 2000 8:00 am **Secretary of State** AUTOMOTIVE PARTS EXPRESS WAREHOUSE INC. 02-25-2000 90012 013 ***150.00 Principal Place of Business Mailing Address 3668-70 NW 16 ST. 3668-70 NW 16 ST. LAUDERHILL FL 33311 LAUDERHILL FL 33311 2. Principal Place of Business--3. Mailing Address Suite, Apt: #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0522921 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILWICK, MARK D Street Address (P.O. Box Number is Not Acceptable) 3670 NW 16TH STREET LAUDERHILL FL 33311 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. SIGNATURE 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---9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change Addition TITLE TITLE Delete MILWICK, MARK D NAME NAME STREET ADDRESS 22171 WOODSET WAY STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL 33428** Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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 11 or Block 12 if changed, or on amountainment with an address, with all other like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

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TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Addition

Addition

☐ Change

SIGNATURE: MANO : Dullatile MARK D. MILWICK 1-10-00 9547929222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #