## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

|   |   |   | NESS REPO   | ORT  | (ORK  | <u>)</u>                             | Aug 21<br>Secret                                    | FILED<br>, <b>2001</b>                   | 8:00  | 0 am  |
|---|---|---|---|--|---|--------------------------------------|---|--|---|---|
| DOCUMENT # P95000010238  1. Entity Name  CARLINK USED AUTO PARTS, INC.  |   |   |   |  |   |                                      |   | 1 <b>a1 y U1</b><br>01 90034 002         |   |   |
| CAMLINA C   | USED AUTO   | PARIS, INC.   |   |  | a   | (a)                                  | 33 21 233   |  | 100.  |   |
| Principal Place<br>2167 OPALOCKA<br>MIAMI FL 33054  | (A BLVD.  |   | Mailing Address<br>2167 OPALOCKA BLVD.<br>MIAMI FL 33054                |  | <del> (</del>   | 9                                    | 1 ( <b>188</b> )(188) (18 (8)(8) (8)(8)             | Diri ariik dalili baluk                  | <b>                                    </b> | <b>70</b> (2001 ( <b>3</b> 10 ( <b>86</b> 2           |
| 2. Principal Pla  | ace of Business   |   | 3. Mailing Address  |  |   |                                      |   |  |   |   |
| Suite, Apt. #, etc. City & State  |   |   | Suite, Apt. #, etc. City & State  |  |   | _                                    | DO NOT  | WRITE IN THIS                            | SPACE                                       |   |
|   |   |   |   |  |   | <b>4.</b> F                          | 4. FEI Number 65-0556222 Applied For                |  |   |   |
| Zíp   | Cou   | ntry  | Zip   | Coun   | try   | 5. (                                 | Certificate of Status Desi                          |  | \$8.75 A                                    |   |
| <del>,</del>  | 6. Name and A   | ddress of Current Re  | gistered Agent  | <u></u>  |   | 7N                                   | lame and Address of N                               | lew Registered                           | <del></del>                                 | 90  |
| 1844514 FA  | RAAAN IPI   |   |   | _  | Name  | <del>-</del>                         |   |  |   |   |
| IMANA, EMMANUEL<br>2167 OPALOCKA BLVD.  |   |   |   |  | Street Add  | ress (P.O. B                         | ox Number is Not Accep                              | otable)                                  |   |   |
| MIAMI FL 33   |   |   |   |  |   |                                      |   |  |   | <del></del> _   |
|   |   |   |   | ·  | City  |                                      | <del></del>   | FL                                       | Zip Co                                      | ode   |
|   |   |   |   |  | City  |                                      |   |  | _   |   |
| P. The above p  | named antity subm   | its this statement for th   | o purpose of changing it  | n register   |   | adiatorad ag                         | ant or both in the State                            |  | <u>-</u>                                    | <del></del>   |
| 8. The above n  | named entity subm   | its this statement for th   | e purpose of changing it  | s registere  |   | egistered ag                         | ent, or both, in the State                          |  | <u></u>                                     |   |
| SIGNATURE   |   |   |   |  | ed office or re   |                                      |   | of Florida.                              |   |   |
| SIGNATURE   |   | its this statement for th   | title if applicable. (NC  | TE: Registered   | ed office or re   | required when re                     |   |  |   |   |
| SIGNATURE   | Signature, typed or printed ration is eligible to equirement and ele  | name of registered agent and to satisfy its Intangible                                  | itle if applicable. (NC FILE NOW After September 1                      | TE: Registered<br>/!!! FEE<br> 2, 2001   | ed office or red Agent signature  IS \$550.00 Fee will be   | required when re                     |   | of Florida.  DATE  gn Financing          | \$5.  | 00 May Be   |
| SIGNATURE S  9. This corpora  Tax filing rec (See criteria  | Signature, typed or printed ration is eligible to equirement and ele  | i name of registered agent and to<br>satisfy its Intangible<br>cts to do so.            | FILE NOW<br>After September 1<br>Make Check Paya                        | TE: Registered<br>/!!! FEE<br> 2, 2001   | ed office or red Agent signature  IS \$550.00 Fee will be   | required when re ) \$750.00 of State | instating)  10. Election Campaig                    | of Florida.  DATE  gn Financing ibution. | \$5.  | ed to Fees  |
| 9. This corpora Tax filing rei (See criteria  | Signature, typed or printed ration is eligible to equirement and elea on back)                                  | iname of registered agent and to satisfy its Intangible cts to do so.                   | FILE NOW<br>After September 1<br>Make Check Paya                        | /!!! FEE<br>   | Agent signature  IS \$550.00 Fee will be apartment of   | required when re ) \$750.00 of State | instating)  10. Election Campaig  Trust Fund Contri | of Florida.  DATE  gn Financing ibution. | \$5.  | RS IN 11  |
| 9. This corpora Tax filing rei (See criteria  | Signature, typed or printed ration is eligible to equirement and elea on back)  D  IMANA, EMMANI                | iname of registered agent and to satisfy its Intangible cts to do so.  OFFICERS AND DIF | FILE NOW After September 1 Make Check Paya                              | /!!! FEE 12, 2001 I sble to De   | Agent signature  IS \$550.00 Fee will be epartment of   | required when re ) \$750.00 of State | instating)  10. Election Campaig  Trust Fund Contri | of Florida.  DATE  gn Financing ibution. | \$5. Adde                                   | RS IN 11  |
| 9. This corpora Tax filing re- (See criteria  11.  TITLE NAME STREET ADDRESS 2  | Signature, typed or printed ration is eligible to equirement and elea on back)                                  | iname of registered agent and to satisfy its Intangible cts to do so.  OFFICERS AND DIF | FILE NOW After September 1 Make Check Paya                              | /!!! FEE 12, 2001 I able to De 12. TITLE NAM. STRE   | Agent signature IS \$550.00 Fee will be apartment of  | required when re ) \$750.00 of State | instating)  10. Election Campaig  Trust Fund Contri | of Florida.  DATE  gn Financing ibution. | \$5. Adde                                   | RS IN 11  |
| 9. This corpora Tax filing rei (See criteria 11. TITLE NAME STREET ADDRESS CITY-S1-ZIP  | Signature, typed or printed ration is eligible to equirement and ele a on back)  D  IMANA, EMMANI 2167 OPALOCKA | iname of registered agent and to satisfy its Intangible cts to do so.  OFFICERS AND DIF | FILE NOW After September 1 Make Check Paya                              | /!!! FEE 12, 2001 I able to De 12. TITLE NAM. STRE   | d Agent signature  IS \$550.00 Fee will be epartment of the standard of the sta | required when re ) \$750.00 of State | instating)  10. Election Campaig  Trust Fund Contri | of Florida.  DATE  gn Financing ibution. | \$5. Adde                                   | RS IN 11  |
| 9. This corpora Tax filing rei (See criteria  11.  TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME NAME  | Signature, typed or printed ration is eligible to equirement and ele a on back)  D  IMANA, EMMANI 2167 OPALOCKA | iname of registered agent and to satisfy its Intangible cts to do so.  OFFICERS AND DIF | FILE NOW After September 1 Make Check Paya RECTORS                      | /!!! FEE 12, 2001 I sible to De 12. TITLE NAMM STRE CITY TITLE NAMM  | d Agent signature  IS \$550.00 Fee will be epartment of the standard of the sta | required when re ) \$750.00 of State | instating)  10. Election Campaig  Trust Fund Contri | of Florida.  DATE  gn Financing ibution. | \$5. Adda DIRECTO                           | RS IN 11  |
| 9. This corpora Tax filing rei (See criteria  11.  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS   | Signature, typed or printed ration is eligible to equirement and ele a on back)  D  IMANA, EMMANI 2167 OPALOCKA | iname of registered agent and to satisfy its Intangible cts to do so.  OFFICERS AND DIF | FILE NOW After September 1 Make Check Paya RECTORS                      | TE: Registered  /!!! FEE  12, 2001 I  sible to De  12.  TITLE  NAMI  STRE  CITY  TITLE  NAMI  STRE   | d Agent signature  IS \$550.00 Fee will be epartment of the standard of the sta | required when re ) \$750.00 of State | instating)  10. Election Campaig  Trust Fund Contri | of Florida.  DATE  gn Financing ibution. | \$5. Adda DIRECTO                           | RS IN 11  |
| 9. This corpora Tax filing re- (See criteria  11.  TITLE NAME STREET ADDRESS CITY-SI-ZIP NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP  | Signature, typed or printed ration is eligible to equirement and ele a on back)  D  IMANA, EMMANI 2167 OPALOCKA | iname of registered agent and to satisfy its Intangible cts to do so.  OFFICERS AND DIF | FILE NOW After September 1 Make Check Paya RECTORS                      | TE: Registered  /!!! FEE  12, 2001 I  sible to De  12.  TITLE  NAMI  STRE  CITY  TITLE  NAMI  STRE   | d Agent signature IS \$550.00 Fee will be apartment of the standard of the stan | required when re ) \$750.00 of State | instating)  10. Election Campaig  Trust Fund Contri | of Florida.  DATE  gn Financing ibution. | \$5. Adda DIRECTO                           | RS IN 11  |
| 9. This corpora Tax filing rer (See criteria  11.  TITLE NAME STREET ADDRESS CITY-SI-ZIP NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME   | Signature, typed or printed ration is eligible to equirement and ele a on back)  D  IMANA, EMMANI 2167 OPALOCKA | iname of registered agent and to satisfy its Intangible cts to do so.  OFFICERS AND DIF | FILE NOW After September 1 Make Check Paya BECTORS Delete               | ITE: Registered  /!!! FEE 2, 2001 I sble to De  12.  TITLE NAMM STRE CITY.  TITLE NAMM STRE CITY.  TITLE NAMM STRE   | d Agent signature  IS \$550.00 Fee will be epartment of the standard of the sta | required when re ) \$750.00 of State | instating)  10. Election Campaig  Trust Fund Contri | of Florida.  DATE  gn Financing ibution. | \$5. Added DIRECTOI                         | RS IN 11 Addition Addition                            |
| 9. This corpora Tax filing rer (See criteria  11.  TITLE NAME STREET ADDRESS CITY-SI-ZIP NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP STREET ADDRESS CITY-SI-ZIP STREET ADDRESS STREET ADDRESS   | Signature, typed or printed ration is eligible to equirement and ele a on back)  D  IMANA, EMMANI 2167 OPALOCKA | iname of registered agent and to satisfy its Intangible cts to do so.  OFFICERS AND DIF | FILE NOW After September 1 Make Check Paya BECTORS Delete               | TE: Registered  /!!! FEE 2, 2001 I sble to De  12.  TITLE NAMM STRE CITY  TITLE NAME STRE CITY  TITLE NAME STRE CITY   | d Agent signature  IS \$550.00 Fee will be epartment of the standard of the sta | required when re ) \$750.00 of State | instating)  10. Election Campaig  Trust Fund Contri | of Florida.  DATE  gn Financing ibution. | \$5. Added DIRECTOI                         | RS IN 11 Addition Addition                            |
| 9. This corpora Tax filing re- (See criteria  11.  ITILE NAME STREET ADDRESS CITY-ST-ZIP  | Signature, typed or printed ration is eligible to equirement and ele a on back)  D  IMANA, EMMANI 2167 OPALOCKA | iname of registered agent and to satisfy its Intangible cts to do so.  OFFICERS AND DIF | FILE NOW After September 1 Make Check Pays RECTORS Delete               | /!!! FEE 2, 2001 I shie to De 12. Title NAMI STRE CITY. TITLE NAME STRE CITY. TITLE NAME STRE CITY.  | Agent signature  IS \$550.00 Fee will be epartment of the signature  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP   | required when re ) \$750.00 of State | instating)  10. Election Campaig  Trust Fund Contri | of Florida.  DATE  gn Financing ibution. | \$5. Added DIRECTO                          | RS IN 11 Addition Addition                            |
| 9. This corpora Tax filing re- (See criteria  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME TITLE  | Signature, typed or printed ration is eligible to equirement and ele a on back)  D  IMANA, EMMANI 2167 OPALOCKA | iname of registered agent and to satisfy its Intangible cts to do so.  OFFICERS AND DIF | FILE NOW After September 1 Make Check Paya BECTORS Delete               | TE: Registered  /!!! FEE 2, 2001 I sble to De  12.  TITLE NAMM STRE CITY  TITLE NAME STRE CITY  TITLE NAME STRE CITY   | Agent signature  IS \$550.00 Fee will be epartment of the signature  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP   | required when re ) \$750.00 of State | instating)  10. Election Campaig  Trust Fund Contri | of Florida.  DATE  gn Financing ibution. | \$5. Added DIRECTOI                         | RS IN 11 Addition Addition                            |
| 9. This corpora Tax filing re- (See criteria  11.  TITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP   | Signature, typed or printed ration is eligible to equirement and ele a on back)  D  IMANA, EMMANI 2167 OPALOCKA | iname of registered agent and to satisfy its Intangible cts to do so.  OFFICERS AND DIF | FILE NOW After September 1 Make Check Pays RECTORS Delete               | ITE: Registered  /!!! FEE 2, 2001 I able to De  12.  TITLE NAMM STRE CITY.  TITLE NAMM STRE CITY.  TITLE NAMM STRE CITY.  TITLE NAMM STRE CITY.  | Agent signature IS \$550.00 Fee will be epartment of the signature ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP  | required when re ) \$750.00 of State | instating)  10. Election Campaig  Trust Fund Contri | of Florida.  DATE  gn Financing ibution. | \$5. Added DIRECTO                          | RS IN 11 Addition Addition                            |
| 9. This corpora Tax filing re- (See criteria  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  | Signature, typed or printed ration is eligible to equirement and ele a on back)  D  IMANA, EMMANI 2167 OPALOCKA | iname of registered agent and to satisfy its Intangible cts to do so.  OFFICERS AND DIF | FILE NOW After September 1 Make Check Pays RECTORS Delete Delete        | /!!! FEE 2, 2001 I able to De 12. TITLE NAM! STRE CITY TITLE NAM! STRE CITY. TITLE NAM! STRE CITY. TITLE NAM! STRE CITY. TITLE NAM! STRE CITY.   | Agent signature  IS \$550.00 Fee will be epartment of the separtment of the separtmen | required when re ) \$750.00 of State | instating)  10. Election Campaig  Trust Fund Contri | of Florida.  DATE  gn Financing ibution. | \$5. Adde DIRECTO Change Change             | RS IN 11 Addition Addition Addition Addition          |
| 9. This corpora Tax filing re- (See criteria  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  | Signature, typed or printed ration is eligible to equirement and ele a on back)  D  IMANA, EMMANI 2167 OPALOCKA | iname of registered agent and to satisfy its Intangible cts to do so.  OFFICERS AND DIF | FILE NOW After September 1 Make Check Pays RECTORS Delete               | ITE: Registered  /!!! FEE 2, 2001 I able to De  12.  TITLE NAMM STRE CITY.  TITLE NAMM STRE CITY.  TITLE NAMM STRE CITY.  TITLE NAMM STRE CITY.  | Agent signature  IS \$550.00 Fee will be epartment of the signature of the  | required when re ) \$750.00 of State | instating)  10. Election Campaig  Trust Fund Contri | of Florida.  DATE  gn Financing ibution. | \$5. Added DIRECTO                          | RS IN 11 Addition Addition Addition Addition          |
| 9. This corpora Tax filing re- (See criteria  11.  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 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | Signature, typed or printed ration is eligible to equirement and ele a on back)  D  IMANA, EMMANI 2167 OPALOCKA | iname of registered agent and to satisfy its Intangible cts to do so.  OFFICERS AND DIF | FILE NOW After September 1 Make Check Pays RECTORS Delete Delete        | /!!! FEE 2, 2001 I able to De 12. TITLE NAME STRE CITY.  | Agent signature  IS \$550.00 Fee will be expartment of the signature of the sinterest of the signature of the signature of the signature of the | required when re ) \$750.00 of State | instating)  10. Election Campaig  Trust Fund Contri | of Florida.  DATE  gn Financing ibution. | \$5. Adde DIRECTO Change Change             | RS IN 11 Addition Addition Addition Addition          |
| 9. This corpora Tax filing rei (See criteria  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP   | Signature, typed or printed ration is eligible to equirement and ele a on back)  D  IMANA, EMMANI 2167 OPALOCKA | iname of registered agent and to satisfy its Intangible cts to do so.  OFFICERS AND DIF | FILE NOW After September 1 Make Check Paya RECTORS Delete Delete Delete | TE: Registered  /!!! FEE 2, 2001 I sble to De  12.  TITLE NAMM STRE CITY  TITLE NAME STRE CITY   | Agent signature  IS \$550.00 Fee will be epartment of the separtment of the separtmen | required when re ) \$750.00 of State | instating)  10. Election Campaig  Trust Fund Contri | of Florida.  DATE  gn Financing ibution. | \$5. Adde DIRECTO Change Change Change      | RS IN 11 Addition Addition Addition Addition Addition |
| 9. This corpora Tax filing rei (See criteria  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed ration is eligible to equirement and ele a on back)  D  IMANA, EMMANI 2167 OPALOCKA | iname of registered agent and to satisfy its Intangible cts to do so.  OFFICERS AND DIF | FILE NOW After September 1 Make Check Pays RECTORS Delete Delete        | TE: Registered  /!!! FEE 2, 2001 I sble to De  12.  TITLE NAMM STRE CITY  TITLE NAME STRE CITY | Agent signature  IS \$550.00 Fee will be epartment of the separtment of the separtmen | required when re ) \$750.00 of State | instating)  10. Election Campaig  Trust Fund Contri | of Florida.  DATE  gn Financing ibution. | \$5. Adde DIRECTO Change Change             | RS IN 11 Addition Addition Addition Addition Addition |
| 9. This corpora Tax filing re- (See criteria  11.  TITLE NAME STREET ADDRESS 2  | Signature, typed or printed ration is eligible to equirement and ele a on back)  D  IMANA, EMMANI 2167 OPALOCKA | iname of registered agent and to satisfy its Intangible cts to do so.  OFFICERS AND DIF | FILE NOW After September 1 Make Check Paya RECTORS Delete Delete Delete | ITE: Registered  /!!! FEE 2, 2001 I sble to De  12. TITLE NAMI STRE CITY TITLE NAME STRE CITY  | Agent signature  IS \$550.00 Fee will be epartment of the separtment of the separtmen | required when re ) \$750.00 of State | instating)  10. Election Campaig  Trust Fund Contri | of Florida.  DATE  gn Financing ibution. | \$5. Adde DIRECTO Change Change Change      | RS IN 11 Addition Addition Addition Addition Addition |

Da. # 195000010238

August 15, 2001

Carlink Used Auto Parts, Inc. 2167 OpaLocka Blvd Miami, Fl 33054

Division of Corporation
Uniform Business Report Filings
PO Box 1500
Tallahassee, Fl 32303

Sir/Madam

This is to request for the removal of the late charge of \$400.00 imposed on the 2001 annual report.

The business was shut down by the City government due to condition of the building during the time the annual report was due. We did not have access to the building and our mails were not checked until after May 1.

We therefore appeal to your department to abate this late charge because of this condition beyond our control.

Yours Sincerely

Emmanuel Imana (President) Carlink Used Auto Parts, Inc