## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 26, 2002 8:00 am Secretary of State DOCUMENT # P95000018400 1. Entity Name M & D WAREHOUSE AUTO PARTS, INC. 02-26-2002 90150 011 \*\*\*150.00 Principal Place of Business Mailing Address 2510 N.W. 21ST TERRACE 2510 N.W. 21ST TERRACE MIAMI FL 33142 **MIAMI FL 33142** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0589460 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent MESA, OSCAR Street Address (P.O. Box Number is Not Acceptable) 2510 N.W. 21ST TERRACE MIAMI FL 33142 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 (NOTE: Registered Agent signature required when reinstating)) $_{i=j_{n}}$ 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State **.**11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD TITLE ☐ Delete TITLE 🗘 Change ☐ Addition NAME MESA, OSCAR NAME 51 N.W. 32 Ave STREET ADDRESS 2510 N.W. 21ST TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33142 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME MESA, OMAR NAME STREET ADDRESS 2510 N.W. 21ST TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33142 CITY-ST-ZIP Delete Change T Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if

FILED

SIGNATURE:

changed, or on an attachment with