2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE: 2

May 23, 2002 8:00 am Secretary of State P95000056980 **DOCUMENT #** 1. Entity Name MGH AUTOMOTIVE PARTS & ACCESSORIES. INC. 05-23-2002 90092 013 ***158.75 Principal Place of Business Mailing Address 8516 NW 66TH STREET 8516 NW 66TH STREET MEDLEY FL 33166 MEDLEY FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0599683 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 PALACIO, MIGUEL A Street Address (P.O. Box Number is Not Acceptable) 8516 NW 66TH STREET MEDLEY FL 33166 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 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 11. 12. CR2E034 (9/01) **DPST** TITLE ☐ Delete TITLE MIGUEL A. PALACIO, PALACIO, MIGUEL A NAME 8516 NW 66th STREET 8516 NW 66TH STREET STREET ADDRESS STREET ADDRESS MIAMI, FL 33166 CITY-ST-ZIP MIAMI FL 33166 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change VELEZ, HENRY G. 8516 NW 66 5TREET NAME NAME STREET ADDRESS STREET ADDRESS MIAMI CITY-ST-ZIP CITY-ST-ZIP FL 33166 ☐ Delete Change Change Addition Addition TITLE DRTA, GLORIA STREET NAME NAME 8516 NW 66 STREET ADDRESS STREET ADDRESS FL 33166 MIRMI. CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE 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-7IP CITY-ST-ZIE TITLE - Delete -TITLE → ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7tP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

Daytime Phone #