FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 06, 2002 8:00 am Secretary of State 05-06-2002 90145 018 ***150.00

_	JMENT # <i>P960000</i>				
GREAT EASTERN AUTO PARTS, INC.				. ~ ~ na a	
	DO NOT WRITE	IN THIS S	PACE		
2. Principal Place of Business 3. Mailing Address 3600 \$ \$77		177 0 N 17			
Suite, Apt. #, etc. Suite, Apt. #, etc.		116 160 1	DO NOT WRITE IN THIS SE	DACE	
Car & Sto	f-a		220	307007777777777777777777777777777777777	AGE .
City & State HIALEAH FLORIDA		City & State MIRAMAR	FL	4. FEI Number 65-0640 976	Applied For Not Applicable
Zip 330	216	^{Zip} 33023	Country	5. Certificate of Status Desired \$	8.75 Additional
· · · · · · · · · · · · · · · · · · ·				7. Name and Address of Current Registered A	· ·
1.	DO NOT W		Name A&	A BRAVO	
DO NOT WRITE Street Ad				s (P.O. Box Number is Not Acceptable)	
A	IN THIS SP	ACE			
Service Control			SUIT.		Zio Codo
9 Thombour			MII	EAMAR FL ered agent, or both, in the State of Florida.	Zip Code 023
Tax filing r	Signature, typed or printed name of registered agent an orration is eligible to satisfy its Intangible requirement and elects to do so.	January 1 - M After May Amended	: Registered Agent signature require ay 1. Fee is \$150.00 1; Fee is \$550.00 1 UBR is \$61.25	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11.	OFFICERS AND D		le to Department of St	ate	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SCHULTE, ERIK 10391 W OKEEC HIALEAH FC 3	HOBEE RA	TITLE NAME STREET AUDIESS CITY ST ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME: STREET ADDRESS CITY-ST-210	The second secon	
TITLE MAME STREET ADORESS CITY-ST-ZIP		-	TITLE NAME STREET ADDRESS CHY-ST-ZIE		

r nereby 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 - 823 - 1203 Daytime Phone •