

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90116 034 ***150.00

DOCUMENT # P96000065536

1. Entity Name
AUTO ELECTRIC PARTS, INC.



Principal Place of Business
**2404 NW 78 ST.
MIAMI FL 33147**

Mailing Address
**2404 NW 78 ST.
MIAMI FL 33147**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0684940**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODRIGUEZ, ELAINE
2404 NW 78 ST.
MIAMI FL 33147**

Name **ANA T. RODRIGUEZ**

Street Address (P.O. Box Number is Not Acceptable)
2404 NW 78 ST.

MIAMI FL

33147

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Delete
NAME **RODRIGUEZ, ELAINE**
STREET ADDRESS **7530 SW 108TH AVE.**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE **OWNER** ☒ Change ☐ Addition
NAME **RODRIGUEZ ANA T.**
STREET ADDRESS **1701 SW 99 AVE**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE **DS** ☒ Delete
NAME **FERNANDEZ, GISELLE**
STREET ADDRESS **7530 SW 108TH AVE.**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE **VICE-PR.** ☒ Change ☐ Addition
NAME **ROMERO ELAINE**
STREET ADDRESS **1701 SW 99 AVE.**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/03 305-694-0783

Date

Daytime Phone #

CR2E034 (10/02)