

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 NOV 17 PM 12:56

DOCUMENT # P96000089270



MACHINERY AND PARTS, INC.

1. Mailing Address  
2315 N.W. 79TH TERR.  
MIAMI FL 33166

Mailing Address  
9737 N.W. 41ST STREET  
#105  
MIAMI FL 33178



CHECK HERE IF MAKING CHANGES

2. Mailing Address  
8321 NW 68 street

3. Mailing Address  
510 NW 86 Place

City & State  
Miami, Florida

City & State  
Miami, Florida

Zip Code  
33166

Zip Code  
33126

Country  
USA

Country  
USA

4. FEI Number 65-0708843

Applied For  
 Not Applied For

5. Certificate of Status Desired  \$8.75 Additional Fee Required.

6. Name and Address of Current Registered Agent  
VEGA, HECTOR J  
9737 N.W. 41TH STREET  
#105  
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number if Not Applicable)

City

FL Zip Code

8. The undersigned hereby 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 legal consequences of this action.

Signature: *Hector Vega*

Date: 4/7/03

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
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 2003	
<input type="checkbox"/> Delete PD VEGA, HECTOR J 9737 N.W. 41ST STREET #105 MIAMI FL 33178		<input type="checkbox"/> Change <input type="checkbox"/> Add TITLE NAME STREET ADDRESS CITY - ST - ZIP	
<input checked="" type="checkbox"/> Delete VD MARTINEZ, OMAR C 7315 N.W. 79TH TERR. MIAMI FL 33168		<input type="checkbox"/> Change <input type="checkbox"/> Add TITLE NAME STREET ADDRESS CITY - ST - ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add TITLE NAME STREET ADDRESS CITY - ST - ZIP	500023676675 10/08/03--01079--005 **158.75
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2. I hereby certify that the information furnished herein is true and correct and that my signature shall be a true and correct signature and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name is printed in the appropriate space hereon.

SIGNATURE: *Hector Vega*

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Hector Vega

Date: 4/9/03 7862909187