DOCUMENT # P97000051575  1. Entity Name GENERAL PARTS DEPOT CORP.				Secretary of State 02-01-2002 90017 017 ***158.75	
Principal Place of Business  8001 NW 36-STREET  STE 106- MIAMI FL 33166-6627  US		Mailing Address  -8001 NW 36 STRPET  STE-106			
2. Principal Place of Business 4066 NW 3 Suite, Apt. #, etc.	7 Ave	3. Mailing Address 4060 NW Suite, Apt. #, etc.	37 Aug	;	DO NOT WRITE IN THIS SPACE
City & State  M; Am; FC	ountry	City & State MSAMI, F	Country		4. FEI Number 65-0772985 Applied For Not Applicable  5. Cartificate of Status Decired \$8.75 Additional
33142 U	Address of Current Re	33/42	US		5. Certificate of Status Desired \$8.75 Additional Fee Required  7. Name and Address of New Registered Agent
PONCE, LUIS JR. 8001 NW 36TH STREET- STE 106 - MIAMI FL 99166 6627			City	M,	P.O. Box Number is Not Acceptable)  AUE  J'AMI  TL  Ziggely 42
8. The above named entity submitted 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)  DATE					
<ol> <li>This corporation is eligible to Tax filing requirement and e (See criteria on back)</li> </ol>	lects to do so.	After May 1, 2002 Make Check Payable	to Department	50.00	
11.  IITLE PVST PONCE, LUIS OF STREET ADDRESS 8001 NW 36 S CITY-ST-ZIP MIAMI FL 3316	TRET #-106	IRECTORS Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	40 m	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition Ami, FC 33142
TITLE D PONCE, LUIS STREET ADDRESS 8045 N.W. 38 MAM! FL 3316	STREET-	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition  CONU37 AUE  CAMi, FC 33142  Change Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	w	□ Delete -	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>M</i>	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition

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 supplied that I am an officer or director of the corporation or the receiveright 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WANTER REQUERIFICATE, Luis Tr

**2002 UNIFORM BUSINESS REPORT (UBR)** 

Daytime Phone #