2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # May 04, 2000 8:00 am Secretary of State P97000079309 1. Entity Name HOSES AND PARTS INTERNATIONAL, INC. 05-04-2000 90221 026 \*\*\*150.00 Principal Place of Business Mailing Address -9290 SUNSET DR STE 105 9290 SUNSET DR STE 105 MI<del>AMI, FL 33173</del>-2. Principal Place of Business 3. Mailing Address 10090 NW 80TH CT 10090 NW 80TH CT Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE APT # 1432 APT # 1432 Applied For City & State HIALEAH GARDENS, FL City & State 4. FEI Number HIALEAH GARDENS, FL 65~0788675 Not Applicable Zip 33016 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required USA 33016 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANDREA M. ROMERO TNEZ PARRA Street Address (P.O. Box Number is Not Acceptable)\_\_\_\_ 10090 NW 80TH CT #1432 MIAMI. FL 33184 Zip Cod33016 City HIALEAH GARDENS 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 (NOTE: Registered Agent signature required when reinstating) ed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. DST Change ■ Addition TITLE TITLE ☐ Delete D₽ NAME ANDREA M. ROMERO NAME HECTOR! SANCHEZ STREET ADDRESS 10090 NW 80TH CT #1432 STREET ADDRESS 10090 NW 80TH CT # 1432 HIALEAH GARDENS, FL 33016 CITY-ST-ZIP CITY-ST-ZIP HIALEAH GARDENS, FL 33016 Addition ☐ Change TITLE TITLE -DST NAME NAME INEZ PARRA STREET ADDRESS STREET ADDRESS -12239 SW 14TH LN #3110 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33184 ☐ Delete Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if

IGNATURE: (ANDREA M. ROMERO - D) 64/2 4/00 (305) 802-)81

changed, or on an attachment with an address, with all other like empowered