

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90489 019 ***150.00

DOCUMENT # *P97000104697*

1. Entity Name

Used Parts Connection, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
618 Marine Dr.

3. Mailing Address
618 Marine Dr.

Suite, Apt. #, etc.
Pembroke Park

Suite, Apt. #, etc.
Pembroke Park

City & State
FL

City & State
FL

Zip
33009

Country
USA

Zip
33009

Country
USA

4. FEI Number
65-0802269

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
COTE, Claude

Street Address (P.O. Box Number is Not Acceptable)

618 Marine Dr.

City
Pembroke Park

FL

Zip Code
33009

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
D
COTE, CLAUDE
STREET ADDRESS
618 MARINE DR. PEMBROKE PARK FL 33009
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
S
COTE, GISELE
STREET ADDRESS
618 MARINE DR. Pembroke Park FL 33009
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/03

CR2ED34B (12/02)