2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P98000007838 **DOCUMENT #** 1. Entity Name



May 05, 2003 8:00 am § Secretary of State 05-05-2003 90309 020 ***150.00 €

GLOBAL	AUTO PARTS, INC.				/			
Principal Place of Business 901 PONCE DE LEON BLVD. SUITE 501 CORAL GABLES FL 33134		Mailing Address 901 PONCE DE LEON BLVD. SUITE 501 CORAL GABLES FL 33134						
2. Principal Place of Business		3. Mailing Address				BI)) (BBB) (BI)	(8 11/8/ 18// 188 /	
Stilte, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 65-0825008 Applied For Not Applicate		Applied For Not Applicable	
Zip	Country	Zip		Country		\$8.75 Ac	dditional	
	6. Name and Address of Current	Registere	d Agent		7. Name and Address of New Registered A			
				Name				
LAMAR, MARIO ESQ								
3971 SW	EIGHTH STREET			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL						· · · · · · · · · · · · · · · · · · ·		
				City	FL	Zip Co	de	
8. The above	named entity submits this statement fo	or the purpo	ose of changing its re	gistered office or registe	ered agent, or both, in the State of Florida. I am f	amiliar with	, and accept	
ine obligat	tions of registered agent.							
SIGNATURE .	t Signature, typed or printed name of registered agent.	and title if appli	nahla /NOTE D	egistered Agent signature require	ed when reinstating) DATE			
			(NOTE: N	ogisterad Agent signature redoire	ou what remarking)			
	ILE NOW!!! FEE IS \$150.00				9. Election Campaign Financing	\$5:	00 May Be	
3 ATTE	r May 1, 2003 Fee will be \$550.00	1						
Makip Check	Repartment of Payable to Florida Department of	f State			Trust Fund Contribution. L.	J Adde	ed to Fees	
Makip Check	OFFICERS AND		RS	11.	ADDITIONS/CHANGES TO OFFICERS AND		RS IN 11	
10.	OFFICERS AND		RS Delete	TITLE			RS IN 11	
10. TITLE NAME	S LAMAR, MARIO ESQ			TITLE NAME		DIRECTOR	RS IN 11	
10. TITLE NAME STREET ADDRESS	S LAMAR, MARIO ESQ 3971 SW 8TH ST			TITLE NAME STREET ADDRESS		DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAMAR, MARIO ESQ 3971 SW 8TH ST MIAMI FL 33134		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		OIRECTOR Change	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	S LAMAR, MARIO ESQ 3971 SW 8TH ST MIAMI FL 33134 PTD			TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	S LAMAR, MARIO ESQ 3971 SW 8TH ST MIAMI FL 33134 PTD MOJICA, JOSE		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		OIRECTOR Change	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	S LAMAR, MARIO ESQ 3971 SW 8TH ST MIAMI FL 33134 PTD		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		OIRECTOR Change	RS IN 11	
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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:

SENTIMERED IRIONO

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