1 of 2

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

03 SEP 29 PM 7:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000009232

1. Entity Name

ALBERT"S USED AUTO PARTS, INC

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 2003

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For
3400 NW 127 STREET	SAME	90-0002201	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State: OPA LOCKA, FLORIDA	City & State		
Zip: 33054 Country	Zip Country	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name: ABISMAEL GARCIA

Street Address (P.O. Box Number is Not Acceptable): 3400 NW 127 ST

City: OPA LOCKA FL Zip Code: 33054

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: X [signature] 09-24-03

Signature, type/print 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	PRESIDENT
NAME	ABISMAEL GARCIA
STREET ADDRESS	3400 NW 127 ST
CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	VICE-PRESIDENT
NAME	ROMUALDO A. PONTE
STREET ADDRESS	3400 NW 127 ST
CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

900002252218
10/03/03--01002--005 **150.00

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CR2E034B (12/02)

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 empowered.

SIGNATURE: X [signature] 09-24-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2052

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of $ 150.00 for the annual report fee with my application.

Please be advise that for any reason we did not receive the U.B.R. for the year 2003, or any other notice from the Division of Corporations in respect with the Corporation **ALBERT'S USED AUTO PARTS, INC.**

Thank you for your courtesy in this matter.

ABISMAEL GARCIA
PRESIDENT