

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90372 001 ***150.00

DOCUMENT # P98000050833



1. Entity Name
COMPONENTS AMERICA, INC.

Principal Place of Business
**4315 NW 7 ST
STE 51
MIAMI FL 33126**

Mailing Address
**4315 NW 7 ST
STE 51
MIAMI FL 33126**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0843360**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GONZALEZ, FRANCISCO
326 SW 79 AVE
N. LAUDERDALE FL 33068~~

Name ~~DEL CASTILLO - LUIS R.~~
Street Address (P.O. Box Number is Not Acceptable)
**9610 NW 80 AVE
DAY 8-H**
City **MIAMI** FL Zip Code **33016**

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.

**LUIS RAUL DEL CASTILLO
REGISTERED AGENT**

DATE

01/29/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	QUESADA, JOSE M	
STREET ADDRESS	4315 NW 7 ST #51	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	BRENDEL, JURGEN	
STREET ADDRESS	4315 NW 7 ST #51	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

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: SIGNATURE REQUIRED **PRESIDENT** **01/29/03** **(305) 461-1244**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)