

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000065745**

1. Entity Name

LKQ FLORIDA, INC.**FILED****Apr 13, 2000 8:00 am**
Secretary of State

04-13-2000 90035 045 ***158.75

Principal Place of Business

Mailing Address

120 N LASALLE ST, SUITE 3300N
CHICAGO IL 60602**120 N LASALLE ST, SUITE 3300N**
CHICAGO IL 60602-2493

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 3300

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **36-4241822**

Applied For

Not Applicable

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****C T CORPORATION SYSTEM**
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be**
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Delete
NAME **P/L HASTEN, JOSEPH**
STREET ADDRESS **120 N LASALLE ST, STE 3300**
CITY-ST-ZIP **CHICAGO IL 60602**TITLE ☒ Change ☐ Addition
NAME **HOLSTEN, JOSEPH** **MISSPELLING**
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **S CASINI, VICTOR M**
STREET ADDRESS **676 N MICHIGAN AVE, STE 4000**
CITY-ST-ZIP **CHICAGO IL 60611**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **T RATERMAN, THOMAS B**
STREET ADDRESS **120 N LASALLE ST, STE 3300**
CITY-ST-ZIP **CHICAGO IL 60602**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **V ERLAIN, FRANK P**
STREET ADDRESS **120 N LASALLE ST, STE 3300**
CITY-ST-ZIP **CHICAGO IL 60602**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)