906 P02 MAR 24 '00 12:53

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105782

1. Entity Name*

AMERICAN PARTS INDUSTIEZ CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 11 PM 2:31

Principal Place of Business	Mailing Address
8278 NW 66 STREET MIAMI FL 33166	8278 NW 66 STREET MIAMI FL 33166

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05-05-00 90002 017 $150.00

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0912761 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FERIAL SEBLANI 8278 NW 66 STREET MIAMI, FL 33166	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

[illegible]

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D HASSAN SEBLANI 8278 NW 66 STREET MIAMI FL 33166 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D MR. BARATOLLAH EBRAHIMI P.O. BOX 55741, DUBAI, U.A.E. ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/S/D FERIAL SEBLANI 8278 NW 66 STREET MIAMI FL 33166 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/S MISS RAZIEH EBRAHIMI P.O. BOX 55741, DUBAI, U.A.E. ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/99)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ______________________ 4-28-00 (305) 436 5571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

BARATOLLAH EBRAHIMI P/D