FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

Apr 24, 2003 8:00 am Secretary of State P99000012340 **DOCUMENT #** 04-24-2003 90104 036 ***150.00 1. Entity Name UNIVERSAL TRANSMISSION PARTS INC. Principal Place of Business Mailing Address 1630 W 40 ST 1630 W 40 ST HIALEAH FL 33012 HIALEAH FL 33012 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 Applied For 65-0897614 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VANEGAS, NOEL E Street Address (P.O. Box Number is Not Acceptable) 1704 WEST 75TH ST HIALEAH FL 33014 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition VANEGAS, MIRTHA NAME NAME 1704 WEST 75TH ST STREET ADDRESS STREET ADDRESS HIALEAH FL 33014 CITY-ST-ZIF CITY-ST-ZIP TITLE Delete Change ☐ Addition vanegas, noel e NAME NAME 1704 WEST 75TH ST STREET ADDRESS STREET ADDRESS HIALEAH FL 33014 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE Change Keyes Mercedo eges Mercedes D. NAME NAME JUSTH ST. 1704 W. STREET ADDRESS STREET ADDRESS 6, 33014 Hialeah. Hialeah. CITY-ST-ZIP CITY-ST-7IP TITLE Addition TITLE Delete Change Vanegas Marvin marvin NAME lanegas NAME STREET ADDRESS STREET ADDRESS Hialeah CITY-ST-ZIP CITY-ST-ZIP 33016 TITLE ☐ Addition TITLE Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS 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 of trues are empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapted, or on an attachment with an an order 50 with at other like empowered.

ebril 18,2003