

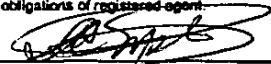
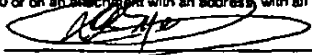
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) 2905

5/4/2005-90194-001-\$150.00-\$150.00 *
5/4/2005-90194-002-\$100.00-\$100.00

FILED

05 JUN 30 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
T. ROBERTS JUL 6 2005

DOCUMENT # P99000084900			
1. Entity Name NEWSED TIRE & PARTS, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 12760 SW 52ND STREET Suite, Apt. #, etc.		3. Mailing Address 901 PONCE DE LEON BLVD Suite, Apt. #, etc. SUITE 606	
City & State MIRAMAR, FL		City & State CORAL GABLES, FL	
Zip 33027	Country USA	Zip 33134	Country USA
DO NOT WRITE IN THIS SPACE		4. FEI Number 65-0950662	
		Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name DIONISIO MELO			
Street Address (P.O. Box Number is Not Acceptable) 12760 SW 52ND STREET			
City MIRAMAR			
FL Zip Code 33027			
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			
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 NAME STREET ADDRESS CITY - ST - ZIP	PD DIONISIO MELO 12760 SW 52ND STREET MIRAMAR, FL 33027	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300057346833 07/12/05--01039--008 **50
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MARIA D. HERNANDEZ 12760 SW 52ND STREET MIRAMAR, FL 33027	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD PEDRO G. HERNANDEZ 12760 SW 52ND STREET MIRAMAR, FL 33027	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

STF FL32381F.1

T. Roberts JUL 06 2005

FF