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

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 2005

FILED

05 JUN 30 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts JUL 0 8 2005

DOCUMENT # P99000084900

1. Entity Name
NEWSED TIRE & PARTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12760 SW 52ND STREET	901 PONCE DE LEON BLVD
Suite, Apt. #, etc.	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

04-05

4. FEI Number: 65-0950662 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD	TITLE	
NAME	DIONISIO MELO	NAME	
STREET ADDRESS	12760 SW 52ND STREET	STREET ADDRESS	300057346833
CITY - ST - ZIP	MIRAMAR, FL 33027	CITY - ST - ZIP	07/12/05--01039--008 **50
TITLE	VD	TITLE	
NAME	MARIA D. HERNANDEZ	NAME	
STREET ADDRESS	12760 SW 52ND STREET	STREET ADDRESS	
CITY - ST - ZIP	MIRAMAR, FL 33027	CITY - ST - ZIP	
TITLE	STD	TITLE	
NAME	PEDRO G. HERNANDEZ	NAME	
STREET ADDRESS	12760 SW 52ND STREET	STREET ADDRESS	
CITY - ST - ZIP	MIRAMAR, FL 33027	CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

CR2E048 (12/02)

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 attached report 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

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