FILED
Jan 30, 2002 8:00 am
Secretary of State
01-30-2002 90063 014 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106389

1. Entity Name: South Florida Parts, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 9540 SW 40 ST
Suite, Apt. #, etc.: 208
City & State: Miami Fl
Zip: 33165 Country: Dade USA

3. Mailing Address: 9540 SW 40 ST
Suite, Apt. #, etc.: 208
City & State: Miami Fl
Zip: 33165 Country: Dade USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0967561 — 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: Mario Ortega Teran
Street Address (P.O. Box Number is Not Acceptable): 11036 N E 43 Terr
City: Miami FL Zip Code: 33178

6. 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] (Signature of a new registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE: 1/17/02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: P/T/S/VP/D NAME: Teran, Mario Ortega STREET ADDRESS: 11036 N E 43 Terr CITY-ST-ZIP: Miami Fl 33178	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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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 on an attachment with an address, with authority to be empowered.

SIGNATURE: [signature] M. Ortega 1/17/02 305-599-3134
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — DATE — Daytime Phone #