FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 99000107798

1. Entity Name

PERFORMANCE PARTS OF AMERICA CORP.

FILED

02 JUN 19 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10556 NW 26 Street	same
Suite, Apt. #, etc. Suite D-102	Suite, Apt. #, etc.
City & State Miami FL 33172	City & State
Zip 33172 Country	Zip Country

4. FEI Number 65-1092660 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name Gary D. Malfeld Esq.

Street Address (P.O. Box Number is Not Acceptable) 8420 NW 52 Street Suite 107

City Miami FL Zip Code 33166

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 Gary D. Malfeld Gary D. Malfeld 04/25/02

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

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 PD NAME Daniel Devia STREET ADDRESS 10710 NW 66 Street #114 CITY-ST-ZIP Miami FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE VP S D NAME Juan Jose Gonzalez STREET ADDRESS 5551 NW 112 Ave. #103 CITY-ST-ZIP MIAMI FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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****900.00 ****900.00

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CR2E034B (12/01)

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 all other like empowered.

SIGNATURE: X Juan Jose Gonzalez 04/25/01 305-639-2526

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #