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

2(UN	003 F	OR PROFI		FILED Apr 28, 2003 8:00 am Secretary of State				N2991F7				
DOCUMENT # \$80684 1. Entity Name GLOBAL INDUSTRIAL PARTS CORP.								O4-28-2003 91495 006 ***150.00				۷۸
15963 SW 139 MIAMI FL 3310 US	86		Mailing Address 15963 SW 139 ST MIAMI FL 33186 US				PEUPZUU <i>d</i>					
	Place of Busi	ness .	3. Mailing Address									
Suite, Apt	. #, etc.		Suit	e, Apt. #, etc.				CHECK HERE IF	MAKING (HANGES		
City & State			City & State					4. FEI Number 65-0332996			oplied For of Applicable	
Zip Country		Country	Zip		Cour	Country		5. Certificate of Status Desired		8.75 Addee Require		
6. Name and Address of Current Registered Agent							7	. Name and Address of New Reg	stered Ag	ent		
MEKLER, SUSANA					-	Name Ctroot Addr), Box Number is Not Acceptable)	<u></u>	1 : 100		
_	SUGARWO	OD WAY				Street Addit	ess (r.o ———	Box Number is Not Acceptable)				
MIAMI FL	33180					City		·	FL	Zip Code	e	}
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	e named entiti itions of regist		ne purp	lose of changing its	register	ea office or reg	listeted	agent, or both, in the state of Florida	a. Familar	illiar with,	and accept	
SIGNATURE	Signatura typog	or printed name of registered agent and	title it ope	Singhto (AICT	C. Bagistore	ed Agent signature re	avirad who	· ·	DATE		<u>-</u>	
		· · · · · · · · · · · · · · · · · · ·	title ii app	I (NOT	E: Registere	ed Agent signature re	quired whe	an reinstating)	DATE			
		!! FEE IS \$150.00 03 Fee will be \$550.00						9. Election Campaign Finance			0 May Be	
	•	o Florida Department of S	tate					Trust Fund Contribution.		Added	to Fees	ĺ
10.		OFFICERS AND D	RECTO	I	11.				RS AND E	IRECTORS	S IN 11	ĺ
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12. Thereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

Defete