

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S98695**

1. Entity Name

J.D. INTERNATIONAL AUTO PARTS, INC.**FILED**
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90096 034 ***150.00

Principal Place of Business

Mailing Address

**835 NW 7TH TERRACE
FT LAUDERDALE FL 33311
US****835 NW 7TH TERRACE
FT LAUDERDALE FL 33311
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0319907**Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GERALD S. SCHNITZER, GSS ADVISORY S
INTERNATIONAL BUILDING
2455 E SUNRISE BLVD STE 502
FT LAUDERDALE FL 33304**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DSP** ☐ Delete
NAME **DEROSA, JAMES**
STREET ADDRESS **4280 GALT OCEAN DR 24C**
CITY-ST-ZIP **FT LAUDERDALE FL 33308**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☒ Delete
NAME **HAMPTON, JOAN BATTEN**
STREET ADDRESS **501 NE 43RD ST**
CITY-ST-ZIP **POMPANO FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 12 if changed, 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 #

5-1-2001 954-467-8300

CR2E034 (10/00)

Attachment

975729



5 98695

May 1, 2001

To whom it may concern,

Please forgive the lateness of this report as it was mailed on May 1st 2001, rather than the due date. There is rarely an excuse for lateness, however in this case; I respectfully request that the recipient of this document please waive any penalties for the following reason.

I was released from Holy Cross hospital, Fort Lauderdale, Florida, on Thursday April 26, 2001, from Dr. Zachariah's cardiac unit after having two heart procedures performed. I was informed that I should take a minimum of 3 weeks off from work, but as a small businessman this is impossible for me to do. I did come into my office today specifically to file papers that I knew had a deadline.

I'm thanking you in advance for any consideration you will extend based on the lateness of the filing. If this form required payment and it was not included I assure you I will get it out as soon as I return to work.

Sincerely,

A handwritten signature in cursive script that reads 'James DeRosa'.

James DeRosa