2003 FOR PROFIT CORPORATION

FILED Apr 28, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** V28699 DOCUMENT #. 04-28-2003 90133 026 ***150.00 1. Entity Name TNT TRAILER PARTS, INC. Principal Place of Business Mailing Address 9092 N.W. SOUTH RIVER DRIVE 9092 N.W. SOUTH RIVER DRIVE **BAY #46** BAY #46 MEDLEY FL 33166 MEDLEY FL 33166 US U\$ 2. Principal Place of Business 3. Mailing Address 8161 NW91 TERRACE 8161 nω TERRACE Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES BAY BAU 4. FEI Number City & State City & State Applied For 65-0345633 MEDLE Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 15 A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent same FERNANDEZ, ANTONIO Street Address (P.O. Box Number is Not Acceptable) 9092 N.W. SOUTH RIVER DRIVE **BAY #44** MEDLEY FL 33166 عا ما ا Zip Code MEDLEL 8. The above named entity submits this statement for the burpose 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 agen SIGNATURE Signature, typed or printed no ignature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5,00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change TITLE ☐ Delete TITLE ☐ Addition FERNANDEZ, ANTONIO FERNANDEZ, ANTONIO NAME NAME 8161 NW 91 TERR #8 (B) STREET ADDRESS 9092 NW S RIVER DRIVE BAY 46 STREET ADDRESS MEDLEY FL 33166 CITY-ST-ZIP CITY-ST-ZIP MEDLEU. FL 33166 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition. Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 true 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition