

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

DOCUMENT # **V32858**  
1. Entity Name  
**MAJIC USED AUTO PARTS, INCORPORATED**



FILED  
04 JUL -7 PM 3:13

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
**3999 118 AV NORTH  
CLEARWATER FL 33762**

Mailing Address  
**3999 118 AV NORTH  
CLEARWATER FL 33762**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3118120**

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

**AKHOONDAN, MAJID  
12000 4TH STREET N.  
ST PETERSBURG FL 33716**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*M. Majid AKHOONDAN*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **AKHOONDAN, MAJID**  
STREET ADDRESS **12000 4TH STREET N.**  
CITY-ST-ZIP **ST PETERSBURG FL 33716**

TITLE ☐ Change ☐ Addition  
NAME **300038915923**  
STREET ADDRESS **07/09/04--01012--008 \*\*908.75**  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **DALE, CLIFTON**  
STREET ADDRESS **3608 N ARLINGTON**  
CITY-ST-ZIP **TAMPA FL 33603**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **ABBASI, MOJTABA**  
STREET ADDRESS **937 BAYSHORE BV**  
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **SAMITH, MURAD**  
STREET ADDRESS **6830 16 PERRACK TR**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP Sales** ☐ Delete  
NAME **Bush, Dennis W.**  
STREET ADDRESS **1430 4th St. North**  
CITY-ST-ZIP **St. Pete, FL 33702**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V.P. OPERATIONS** ☐ Delete  
NAME **Felix X. SANDO JR.**  
STREET ADDRESS **1400 1st Street**  
CITY-ST-ZIP **Palm Harbor, FL 34683**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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.

SIGNATURE:

*M. Majid AKHOONDAN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

0101433 AV