

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90319 009 ***150.00

DOCUMENT # L95851

1. Entity Name

GENPART, INC.

Principal Place of Business

**6784 NW 17TH AVENUE
 FT. LAUDERDALE FL 33309**

Mailing Address

**363 COWEE TUNNEL RD
~~300 TUNNEL MOUNTAIN RD~~
 SYLVA NC 28779
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0212647**

Applied For

Not Applicable

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

**BENNETT, JERRY LEE
 6784 NW 17TH AVENUE
 FT. LAUDERDALE FL 33309**

Name

WAYNE M. SMITH

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

375 KATHY LANE

City

MARGATE

FL

Zip Code

33068

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

Wayne M. Smith
WAYNE M. SMITH

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/01

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	DC	<input checked="" type="checkbox"/> Delete
NAME	BENNETT, JERRY LEE	
STREET ADDRESS	4121 121ST TERRACE, NORTH	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, WAYNE M.	
STREET ADDRESS	375 KATHY LANE	
CITY-ST-ZIP	MARGATE FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SAUNDERS, PENNY J.	
STREET ADDRESS	8942 NW 10TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GARDNER, JENNIFER M.	
STREET ADDRESS	363 COWEE TUNNEL RD	
CITY-ST-ZIP	SYLVA NC	
TITLE	DP	<input type="checkbox"/> Delete
NAME	GARDNER, LAWRENCE R.	
STREET ADDRESS	363 COWEE TUNNEL RD	
CITY-ST-ZIP	SYLVA NC	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSE F. AUAIS	
STREET ADDRESS	17900 NW 7TH COURT	
CITY-ST-ZIP	HAIALEAH FL 33015	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Jennifer M. Gardner
JENNIFER M. GARDNER, Treas.

Date

4/16/2001 (828) 586-1258

Daytime Phone #

CR2E034 (10/00)