**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 30, 2002 8:00 am Secretary of State DOCUMENT # L95851 1. Entity Name GENPART, INC. 04-30-2002 90057 038 \*\*\*150 Principal Place of Business Mailing Address 6784 NW 17TH AVENUE 363 COWEE TUNNEL RD FT. LAUDERDALE FL 33309 -900 TUNNEL MOUNTIAN RD SYLVA NC 28779 us 2. Principal Place of Business 3. Mailing Address 363 COWEE LUNNEL Rd Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0212647 LVA Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, WAYNE M Street Address (P.O. Box Number is Not Acceptable) 375 KATHY LANE MARGATE FL 33068 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) $\Box$ Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D ☐ Delete TITLE Change ☐ Addition SMITH, WAYNE M. NAME NAME STREET ADDRESS 375 KATHY LANE STREET ADDRESS CITY-ST-7/P MARGATE FL CITY-ST-ZIP TITLE DS ☐ Delete TITLE Change ☐ Addition NAME SAUNDERS, PENNY J. NAME STREET ADDRESS 8942 NW 10TH ST STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33024 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GARDNER, JENNIFER M. NAME STREET ADDRESS STREET ADDRESS 363 COWEE TUNNEL RD CITY-ST-ZIP SYLVA NC CITY-ST-ZIP TITLE DP ☐ Delete TITLE ☐ Change □ Addition GARDNER, LAWRENCE R. NAME NAME STREET ADDRESS 363 COWEE TUNNEL RD STREET ADDRESS CITY-ST-ZIP SYLVA NC CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME **AUAIS, JOSE** NAME STREET ADDRESS 17900 NW 77TH COURT STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33015 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 NAIFER M. SARDWER

SIGNATURE: