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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State

03-01-2001 91330 019 ***150.00

DOCUMENT # P00000110845			
1. Entity Name PARTSLAND CORPORATION			
Principal Place of Business 16310 SW 15TH STREET PEMBROKE INES FL 33027		Mailing Address 16310 SW 15TH STREET PEMBROKE INES FL 33027	
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 65-058118		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	
NOFIL & NOFIL, P.A. 3284 NORTH STATE ROAD 7 LAUDERALE LAKES FL 33319		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 _____ (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. ☐		FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 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 NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	PSTD LEE, CHENG M 16310 SW 15TH STREET PEMBROKE INES FL 33027	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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 REQUIRED <i>Cheng Lee</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)

Attachment

11705 #P00000011085

CHENG MING LEE
SHANG MEI LEE
PH 954-447-0710
16310 S.W. 15TH ST.
PEMBROKE PINES, FL 33027

63-8413/11026732 1908
8313347434

DATE 2-26-01

PAY TO THE ORDER OF UNIFORM BUSINESS REPT DIV OF COOPORAT \$ 150.00

One hundred fifty only

DOLLARS

Washington Mutual

Washington Mutual Bank, FA
Coral Springs/Coral Square Financial Center 1661
8201 Atlantic Boulevard 1-800-788-1000
Coral Springs, FL 33071 24 hour Customer Service

NOTES

Cheng Ming Lee

⑆267084131⑆831⑆338745⑆⑆⑆ 1908 ⑆0000015000⑆

MR-6 01

2130

16070

FEB 28 2001

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT# 1009068796

MR D 07

BANK OF AMERICA NA JAX
⑆0630000474 E2837 90 P88
03/06/01

⑆154061103⑆

⑆1136402⑆

Attachment

717-05
[REDACTED]
Partsland Corporation
16310 SW 15th Street
Pembroke Pines, FL 33027

#P0000017868

July 24, 2001

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

I have received a second 2001 Uniform Business Report.

Please be advised that I did pay the \$150 fee earlier this year and I have enclosed a copy of my cancelled check.

Please adjust your records accordingly and please contact me if you need any additional information.

Sincerely,

Cheng Ming Lee

Cheng Ming Lee,
President