

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91774 044 ***150.00

DOCUMENT # P01000103345

1. Entity Name
PARTS -4- NOTEBOOKS INC.

Principal Place of Business
1633 WASHINGTON AVE
MIAMI BEACH FL 33139

Mailing Address
1633 WASHINGTON AVE
MIAMI BEACH FL 33139



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1150730

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FAZIO, PEDRO A
1633 WASHINGTON AVE
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	NAME	TITLE	NAME
PD	FAZIO, PEDRO A		
1633 WASHINGTON AVE	1633 WASHINGTON AVE		
MIAMI BEACH FL 33139	MIAMI BEACH FL 33139		
SD	SALAUDES, GABRIEL		
1633 WASHINGTON AVE	1633 WASHINGTON AVE		
MIAMI BEACH FL 33139	MIAMI BEACH FL 33139		
VTD	SALAUDES, RAFAEL		
1633 WASHINGTON AVE	1633 WASHINGTON AVE		
MIAMI BEACH FL 33139	MIAMI BEACH FL 33139		

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 of the time empowered.

SIGNATURE: Pedro A Fazio 4/25/02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)