

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90737 002 ***150.00

DOCUMENT # P02000071158

1. Entity Name
THE PARTS-MAN.COM, INC.



Principal Place of Business
1290 WESTON RD STE 300
WESTON, FL 33326

Mailing Address
1290 WESTON RD STE 300
WESTON, FL 33326

2. Principal Place of Business
16393 NW 14 St.
Suite, Apt. #, etc.

3. Mailing Address
16393 NW 14 St.
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Pembroke Pines, FL
Zip
33028 Country
USA

City & State
Pembroke Pines, FL
Zip
33028 Country
USA

4. FEL Number
52-2366105 Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEGAL INFORMATION SERVICES, INC.
16393 NW 14 ST
PEMBROKE PINES, FL 33028

7. Name and Address of New Registered Agent

Name
Legal Information Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
1290 Weston Rd
Suite 300
City
Weston FL Zip Code
33326

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ARMAO, ANTHONY R JR
16393 NW 14 ST
PEMBROKE PINES, FL 33028 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03

Date

305 525 4797

Daytime Phone #

CR2E034 (10/02)


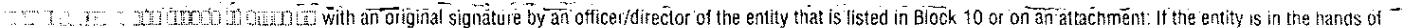
Attachment PO 2000071158

FOR PROFIT CORPORATION Uniform Business Report (UBR) Instructions

**PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING
THE REPORT. IF YOU NEED ASSISTANCE, PLEASE CALL (850) 488-9000.**

Reminder:

1. Information must be typed or printed in ink and legible.
2. Signature in Block 12.
3. Submit with total amount due in the form of a **separate check** for each filing. (Payable in United States Funds through a United States Bank to Florida Department of State.)
This office strongly recommends payment be made by check rather than money order. The cancelled check or money order is critical in settling a dispute regarding the proper filing of a report. It can be extremely difficult to obtain verification when a money order has been processed. Please verify with your bank that your check has cleared before calling for the status of your report.

- Block 1. Enter the name and document number of the corporation. You cannot change the name on this form. You must file an amendment to change the name.
- Block 2. Enter the principal place of business address in Block 2.
- Block 3. Enter the mailing address in Block 3. A Post Office Box is acceptable.
- Block 4. Complete Block 4 by entering your Federal Employer Identification (FEI) number or checking either applied for or not applicable. If "applied for" was previously reported to this office, you must now provide the FEI number. FEI numbers are not assigned by the Division of Corporations. For assistance with FEI numbers, call the IRS at (800) 829-1040.
- Block 5. Should you desire a certificate reflecting your entity's status after the filing of this report, check the BOX in Block 5 and include an additional \$8.75 with your filing fee. Only 1 certificate can be issued at the time of the uniform business report filing.
- Block 6. **DO NOT MAKE ANY MARKS IN BLOCK 6.**
- Block 7. The law requires that each entity have a Registered Agent with a **Florida street address**. A P.O. Box or mail service is not acceptable for service of process. A CORPORATION CANNOT SERVE AS ITS OWN REGISTERED AGENT; however, a principal of the corporation can. Enter the agent's name and address in block 7. There is no additional fee to change the Registered Agent on this form.
- Block 8. A new Registered Agent must accept the obligations and this appointment by completing and signing in Block 8. No signature is necessary if the Registered Agent of record is retained. If the Registered Agent is a different entity, the person signing must state their position with the entity. **NOTE: Registered agent signature required when reinstating on this form.**
- Block 9. Florida law allows for a voluntary contribution of \$5.00 per taxpayer for the purpose of providing for public financing of political campaigns for the offices of the Governor and members of the Cabinet. If you would like to contribute, check the box in Block 9 and include an additional \$5.00 with the filing fee.
- Block 10. Enter the current Officers/Directors in Block 10. List all officers/directors. Attach a separate sheet if necessary. Use the following type symbols on the title line: P=President; V=Vice President; T=Treasurer; S=Secretary; D=Director; C=Chairman; M=Managing Director. If a person holds more than one position, enter all positions, e.g., S/D; V/S; V/T/D. **NOTE: A DIRECTOR MUST BE A NATURAL PERSON 18 YEARS OF AGE OR OLDER. NOTE: If officer or director's address is confidential pursuant to Section 119.07(3)(i), Florida Statutes, an alternate address must be provided. Officers/Directors must provide an address. Florida Statutes require a physical address be given. The provision of a post office box in Block 10 or on an attachment is an affirmation under oath that no other address is available.**
- Block 11. 
- Block 12.  with an original signature by an officer/director of the entity that is listed in Block 10 or on an attachment. If the entity is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 12 is unacceptable.

Mail to:

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Other Correspondence Address:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Internet Address:
www.sunbiz.org

Courier Address: (overnight delivery)
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Phone: (850) 488-9000
Hearing/Voice Impaired may call (850) 245-6096 (TDD)

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will dissolve/revoke the entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame.