

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

0314390

DOCUMENT # P95000960668

1. Entity Name

FLORIDA PARTS COMPANY

03-20-2001 90063 007 ***158.75

Principal Place of Business

Mailing Address

4801 Linton Blvd. 11A-214
Delray Beach, FL 33445

FLORIDA PARTS COMPANY
4801 LINTON BLVD. 11A-214
DELRAY BEACH FL 33445

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2. Principal Place of Business

4801 LINTON BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
11A-214

City & State
DELRAY BEACH, FLORIDA

City & State

4. FEI Number **65-0599612**

Applied For

Not Applicable

Zip
33445

Country
USA

Zip

Country

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

FILLOY, JOSEPH M CPA
100 N. BISCAYNE BLVD.
SUITE 700
MIAMI FL 33132

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

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
 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 **PSDV** ☐ Delete
 NAME **Joey Bergman**
 STREET ADDRESS **4801 Linton Blvd. 11A-214**
 CITY-ST-ZIP **Delray Beach, FL 33445**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **4801 LINTON BLVD 11A-214**
 CITY-ST-ZIP **DELRAY BEACH, FLORIDA 33445**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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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: *Joey Bergman*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOEY BERGMAN 03/05/01 (561) 272-0046

Date

Daytime Phone #

CR2E034 (10/00)