2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

FILED DOCUMENT # P99000014258 Sep 18, 2000 8:00 am Secretary of State PARTSLOGIC, INC. 09-18-2000 90029 045 ***550.00 Principal Place of Business Mailing Address 3851 NORTHWEST 126TH AVENUE 3851 NORTHWEST 126TH AVENUE BAY NO. 1 BAY NO. 1 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number City & State City & State Applied For 65-0908167 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent IMCNCZ JIMENEZ, GABRIEL Street Address (P.O. Box Number 3851 NORTHWEST 126TH AVENUE BAY NO. 1 **CORAL SPRINGS FL 33065** the purpose of changing its registered office or registered agent, The above named SIGNATURE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE ☐ Delete TITLE Jimenez, gabriel NAME JIMENEZ, GABRIEL NAME 10316 NW 53 CT STREET ADDRESS 3851 NORTHWEST 126TH AVENUE, SUITE 1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>Coral springs FL</u> **CORAL SPRINGS FL 33065** ☐ Delete TITI F TITLE Timenez, Inge Schineis 10316 NW 53 CT NAME JIMENEZ, INGE SCHINEIS NAME STREET ADDRESS STREET ADDRESS 3851 NORTHWEST 126TH AVENUE, SUITE 1 CITY-ST-ZIP Coral Springs CITY-ST-ZIP **CORAL SPRINGS FL 33065** ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 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