

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045334

1. Entity Name

PARTSGIANT.COM, INC.

FILED

May 04, 2000 8:00 am  
Secretary of State

05-04-2000 90168 016 \*\*\*150.00

Principal Place of Business

Mailing Address

BRENT DRIVE  
NY 11793

870 BRENT DRIVE  
WANTAGH NY 11793-1012



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

200 PARK CENTRAL BLVD 200 PARK CENTRAL BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #1

SUITE #1

City & State

City & State

POMPANO BEACH FL

POMPANO BEACH FL

Zip

Country

Zip

Country

33064

USA

33064

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOUTSOGIANNIS, VASILIOS  
146 VIA D'ESTE, #1007  
DELRAY BEACH FL 33445

Name

Street Address (P.O. Box Number is Not Acceptable)

200 PARK CENTRAL BLVD STE 1

City

POMPANO BEACH

FL

Zip Code

33064

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 VASILIOS KOUTSOGIANNIS

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

(NOTE: Registered Agent Signature required when reinstating)

3-1-00

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, 2000 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 D  
NAME KOUTSOGIANNIS, VASILIOS  
STREET ADDRESS 146 VIA D'ESTE, #1007  
CITY-ST-ZIP DELRAY BEACH FL 33445 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 200 PARK CENTRAL BLVD SUITE #1  
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE D  
NAME TAVORMINA, KATHLEEN  
STREET ADDRESS 1028 N. PUTNAM AVENUE  
CITY-ST-ZIP LINDENHURT NY 11757 ☒ Delete

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

TITLE D  
NAME GRAU, ROBERT  
STREET ADDRESS 870 BRENT DRIVE  
CITY-ST-ZIP WANTAGH NY 11793 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DIRECTOR  
NAME JOHN P. CLANCY  
STREET ADDRESS 146 COUNTRY CLUB DR.  
CITY-ST-ZIP COMMACK NY 11725 ☐ Change ☒ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

561-350-0500