

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062736

1. Entity Name

PARTS-SMART.COM, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90092 002 ***150.00

Principal Place of Business

Mailing Address

% KIRKPATRICK & LOCKHART LLP
 201 S BISCAYNE BLVD. 20TH FLOOR
 MIAMI FL 33131

% KIRKPATRICK & LOCKHART LLP
 201 S BISCAYNE BLVD. 20TH FLOOR
 MIAMI FL 33131-4325

2. Principal Place of Business

3. Mailing Address

1781 NW 79 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL

Zip
 33126

Country
 USA

Zip

Country

4. FEI Number
 65-0971077

Applied For
 Not Applicable

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

RILLO, TROY J
 % KIRKPATRICK & LOCKHART LLP
 201 S BISCAYNE BLVD, 20TH FLOOR
 MIAMI FL 33131

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, 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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PRESIDENT, DIRECTOR
 PHILLIP JOHN CLEMENTS
 1781 NW 79 AVE.
 MIAMI, FL 33126

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DIRECTOR, VP, SECRETARY, TREAS
 GILES COATES
 1781 NW 79 AVE.
 MIAMI, FL 33126

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

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TITLE ☐ Delete
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 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)(l), 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 #

GILES COATES, VP 4/24/2000

CR2E034 (9/99)