

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062736

1. Entity Name
PARTS-SMART.COM, INC.

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90059 005 ***550.00

Principal Place of Business
% KIRKPATRICK & LOCKHART LLP
1781 NW 79 AVENUE
MIAMI FL 33126

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

2. Principal Place of Business
1781 NW 79 AVENUE

3. Mailing Address
1781 NW 79 AVENUE

City & State
MIAMI, FLORIDA

City & State
MIAMI FLORIDA

Zip
33126

Country
US

Zip
33126

Country
US

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

7. Name and Address of New Registered Agent
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD CLEMENTS, PHILLIP J 1781 NW 79 AVENUE MIAMI FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT COATES, GILES 1781 NW 79 AVENUE MIAMI FL 33126	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
8/27/01 305 594 7300
Date Daytime Phone #

0036364 AV

CR2E034 (5/01)