

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S55222

1. Entity Name

THE PARTS PLACE, INC.

R

FILED  
Jul 17, 2000 8:00 am  
Secretary of State

07-17-2000 90006 032 \*\*\*150.00

Principal Place of Business

4880 SOUTH STATE ROAD 7  
FORT LAUDERDALE FL 33314  
US

Mailing Address

4880 SOUTH STATE ROAD 7  
FORT LAUDERDALE FL 33314  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0264170

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

BORKSON, ELLIOT P.  
1500 N.W. 49TH STREET  
SUITE 401  
FT. LAUDERDALE FL 33309

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 13, 2000 Min. 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  
D  
GOLDBERG, KENNETH  
4860 S. STATE RD. 7  
FT. LAUDERDALE FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GOLDBERG, JANET S  
4860 S. STATE RD 7  
FT. LAUDERDALE FL 33314 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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CITY-ST-ZIP  
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☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-7-00  
954-583-8660

Attachment  
DT#555222  
DD076311

THE PARTS PLACE, INC.  
4860 S. State Rd. 7  
Ft. Lauderdale, FL. 33314

July 6, 2000

Florida Department of State  
Division of Corporations  
Tallahassee, Fl. 32314

To Katherine Harris:

Per the instructions from your office enclosed is our check for \$150.00.

We did not receive the form for Annual registration anytime before this second notice came in the mail. You may look up our previous paying experience and see that all other years we paid as soon as we received your forms in January.

Thank you for your assistance

  
Kenneth Goldberg