

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 11, 2001 8:00 am  
Secretary of State

04-11-2001 90012 035 \*\*\*150.00

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DOCUMENT # S94382

1. Entity Name  
PARTS MICRO CORP.

Principal Place of Business

1530 NW 159TH AVE  
PEMBROKE PINES FL 33028  
US

Mailing Address

1530 NW 159TH AVE  
PEMBROKE PINES FL 33028  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Country

4. FEI Number 65-0313428

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

CENTENO, FRANCISCO  
1530 NW 159 AVENUE  
PEMBROKE, PINES FL 33028

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: ☐

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 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 P  
NAME CENTENO, FRANCISCO  
STREET ADDRESS 14715 BALGOWAN RD., #201  
CITY-ST-ZIP MIAMI LAKES FL 33016

TITLE PRESIDENT  
NAME FRANCISCO E. CENTENO  
STREET ADDRESS 1530 NW 159 AVE  
CITY-ST-ZIP Pembroke Pines FL 33028

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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TITLE  
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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 (10/00)