## **2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 333974  1. Entity Name ORLANDO AUTO PARTS & SERVICE INC						Secretary of State 02-17-2002 90051 047 ***150.00			
Principal Plac 1092 B E MIC ORLANDO FL	HIGAN STREET	Mailing Address  1092 B E MICHIGAN STREET  ORLANDO FL 32806							
2 Principal P	lace of Business	3. Mailing Address							
z. FillicipalF	ace of business								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	e	City & State			4.	FEI Number <b>59-1220607</b>	<del></del>	oplied For	
Zip Country		Zip Coun		ry	~ ~5.	Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current F	egistered Agent			7.	Name and Address of New Regi			
DAGUM GAM				Name					
Paskin, Sam 1092 B East Michigan Street			Ī	Street Address (P.O. Box Number is Not Acceptable)					
ORLANDO FL 32806									
			ļ	City			FL Zip Cod	e	
9. This corporation is eligible to satisfy its Intangible  Tax filing requirement and elects to do so.  (See criteria on back)  FILE NOW!!! FE  After May 1, 2002 Fe  Make Check Payable to				IS \$150.00 vill be \$55	0.00 of State	10. Election Campaign Finance Trust Fund Contribution.	☐ Added	0 May Be	
11. TITLE	OFFICERS AND D	IRECTORS Delete	12.		Αſ	DDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR:	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	PASKIN, SYLVIA 1092 B EAST MICHIGAN ST ORLANDO FL	L.J Delete	NAME STREE	T ADDRESS ST-ZIP			Onlings		
TITLE NAME STREET ADORESS CITY-ST-ZIP	PASKIN, STEVEN 20152 GLACIER CIRCLE STE			T ADDRESS ST-ZIP	_		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Paskin, Richard 601 Elmwood Wilmette, Ill 00000	□ Delete	TITLE NAME STREE CITY-	T ADDRESS ST-ZIP	-		☐ Change	☐ Addition }	
TITLE Name Street address City-St-Zip	PVD PASKIN, SAM 1092 B EAST MICHIGAN ST ORLANDO, FL 00000	□ Delete	TITLE NAME STREE CITY-	T ADDRESS ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-	T ADDRESS ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-:	T ADDRESS			☐ 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.