

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90099 009 ***150.00

DOCUMENT # P97000017107

1. Entity Name
PARS AUTO SALES & SERVICE, INC.



Principal Place of Business
**1718 N. GOLDENROD ROAD #B-2
ORLANDO FL 32807-8451**

Mailing Address
**1718 N. GOLDENROD ROAD #B-2
ORLANDO FL 32807-8451**



2. Principal Place of Business
**1714 N GOLDENROD RD BLDG B
ORLANDO FL 32807**

3. Mailing Address
**1714 N GOLDENROD RD BLDG (B)
ORLANDO FL 32807**

Suite, Apt. #, etc.
BLDG #B

Suite, Apt. #, etc.
BLDG #B

City & State
ORLANDO FL

City & State
ORL FL

4. FEI Number **59-3426804**

Applied For
Not Applicable

Zip **32807** Country **Orange**

Zip **32807** Country **Orange**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RASHIDINIA, HABIBOLAH
300 HOUND RUN PL.
CASSELBERRY FL 32704-4710**

7. Name and Address of New Registered Agent

Name **HABIBOLAH RASHIDINIA**
Street Address (P.O. Box Number is Not Acceptable)
300 HOUND RUN PL.
City **CASSELBERRY** FL Zip Code **32704**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RASHIDINIA, HABIBOLAH 300 HOUND RUN PL. CASSELBERRY FL 32707-4710	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST AKBARI, ALI 1998 WATER LANE MAITLAND FL 32751	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **MARCH - 3 - 03** 407 823 7711
Daytime Phone #

CR2E034 (10/02)