

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

03-20-2003 90158 027 \*\*\*150.00

**DOCUMENT # J16131**

1. Entity Name  
**PARK AVENUE AUTO, INC.**



Principal Place of Business  
**515 N. SEMORAN BLVD.**  
**ORLANDO FL 32807**  
**US**

Mailing Address  
**P.O. BOX 574143**  
**ORLANDO FL 32857-4143**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**997 RIDGEMOUNT PLACE**

3. Mailing Address  
**P.O. BOX 954058**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**LAKE MARY, FL**

City & State  
**LAKE MARY, FL**

4. FEI Number **59-2675732**

Applied For

Not Applicable

Zip  
**32746**

Country  
**U.S.**

Zip  
**32795**

Country  
**U.S.**

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

**PEREZ, JOLIO C**  
**515 N. SEMORAN BLVD.**  
**ORLANDO FL 32807**

*Agent has not  
changed, error in  
your spelling JULIO  
NOT JOLIO*

Name **JULIO C PEREZ**

Street Address (P.O. Box Number is Not Acceptable)  
**997 RIDGEMOUNT PLACE**

City **LAKE MARY**

FL

Zip Code  
**32746**

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

TITLE **PTD** ☐ Delete  
NAME **PEREZ, JULIO C.**  
STREET ADDRESS **997 RIDGEMOUNT PLACE**  
CITY-ST-ZIP **LAKE MARY FL 32746**

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

TITLE **SD** ☐ Delete  
NAME **PEREZ, EVELYN L.**  
STREET ADDRESS **997 RIDGEMOUNT PLACE**  
CITY-ST-ZIP **LAKE MARY FL 32746**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Julio C Perez*  
**JULIO C PEREZ - President** **3/18/03** **407-805-9884**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)