

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90047 026 ***150.00

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AV

DOCUMENT # L99926

1. Entity Name

ARPAC AUTOMOTIVE PRODUCTS, INC.

Principal Place of Business

**3132 FORTUNE WAY, D-24
WEST PALM BEACH FL 33414**

Mailing Address

**3132 FORTUNE WAY, D-24
WEST PALM BEACH FL 33414**

2. Principal Place of Business

3133 FORTUNE WAY

3. Mailing Address

3133 FORTUNE WAY

Suite, Apt. #, etc.

SUITE #22

Suite, Apt. #, etc.

SUITE #22

City & State

WELLINGTON, FL.

City & State

WELLINGTON, FL.

Zip

33414

Country

USA

Zip

33414

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0215941**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KURNITSKY, ARNOLD

**2069 VINNINGS CIRCLE APT #1220
WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

Name **ARNOLD KURNITSKY**

Street Address (P.O. Box Number is Not Acceptable)

**11740 ST. ANDREWS PLACE
APT. # 308**

City

WELLINGTON

FL

Zip Code

33414

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.

ARNOLD KURNITSKY

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/02

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 \$150.00
After May 1, 2002 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

TITLE	VD	<input type="checkbox"/> Delete
NAME	KURNITSKY, ARNOLD	
STREET ADDRESS	2069 VINNINGS CIRCLE APT 1220	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	PD	<input type="checkbox"/> Delete
NAME	VITTORIO, FRANK	
STREET ADDRESS	14180 GREEN TREE DRIVE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLD KURNITSKY	
STREET ADDRESS	11740 ST. ANDREWS PLACE APT. # 308	
CITY-ST-ZIP	WELLINGTON, FL. 33414	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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

FRANK A. VITTORIO

Date

3/5/02

Daytime Phone #

561-295-6668

CR2E034 (9/01)