

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000035065

1. Entity Name

DISCOUNT AUTO SALVAGE, INC.

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90026 046 ***150.00

Principal Place of Business

Mailing Address

739 POND PINE COURT 323 CR 13
ORLANDO FL 32825
ORLANDO FLA
32833

739 POND PINE COURT 264 LEXINGTON
ORLANDO FL 32825
ORLANDO FLA 32828

2. Principal Place of Business

332 CR 13

3. Mailing Address

264 LEXINGTON DR



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

City & State

ORLANDO FLORIDA

4. FEI Number

59-3628312

Applied For

Not Applicable

Zip

32833

Country

U.S.A.

Zip

32828

Country

U.S.A.

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

MAJIDZADEH, ABDOUL-KARIM
739 POND PINE COURT
ORLANDO FL 32825

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 date 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.
(See criteria on back) ☒

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MAJIDZADEH, ABDOUL-KARIM
739 POND PINE COURT
ORLANDO FL 32825

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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

1-20-01

Date

407-691-6999

Daytime Phone

CR2034 (10/00)