

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Amended

DOCUMENT # P01000015747

1. Entity Name

Union Park Auto Care Inc.

FILED

02 OCT 24 PM 5:32

DO NOT WRITE IN THIS SPACE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

1800 Constantine St

3. Mailing Address

Suite, Apt. #, etc.

A

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Zip

32825

Country

Zip

Country

2002 AMENDED

4. FEI Number

593699586

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Nadeem Minhas

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

8601 Nottingham Dr

City

Kissimmee

FL

Zip Code

34747

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IN THIS SPACE**

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

Ismail Kazi

Ismail Kazi

10/21/02

Signature, typed or printed name of registered agent and title 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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	President
NAME	Ismail Kazi
STREET ADDRESS	1800 Constantine St suite A
CITY - ST - ZIP	Orlando FL 32825
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ismail Kazi

Ismail Kazi

10/21/02

407-277-5254

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)