

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P27398**

1. Entity Name  
**AVIS LUBE, INC.**

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90482 005 \*\*\*150.00

0576325 AT

Principal Place of Business  
**900 OLD COUNTRY RD.  
GARDEN CITY NY 11530**

Mailing Address  
**900 OLD COUNTRY RD.  
GARDEN CITY NY 11530**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**6 Sylvan Way**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**Parsippany, NJ**  
Zip  
**07054** Country  
**USA**

City & State  
Zip  
Country

4. FEI Number  
**11-2811733**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHEEHAN, KEVIN</b> <b>900 OLD COUNTRY RD.</b> <b>GARDEN CITY NY 11530</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>COLLINS, MICHAEL P</b> <b>900 OLD COUNTRY RD.</b> <b>GARDEN CITY NY 11530</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SALERNO, F ROBERT</b> <b>900 OLD COUNTRY RD.</b> <b>GARDEN CITY NY 11530</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SCLAFANI, KAREN C.</b> <b>900 OLD COUNTRY RD</b> <b>GARDEN CITY NY</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>JACOBSON, RICHARD S</b> <b>900 OLD COUNTRY RD.</b> <b>GARDEN CITY NY 11530</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>KENELL, GERARD</b> <b>900 OLD COUNTRY RD.</b> <b>GARDEN CITY NY 11530</b> <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Sheehan, Kevin M.</b> <b>9 West 57th Street</b> <b>New York NY 10019</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>Collins, Michael P</b> <b>6 Sylvan Way</b> <b>Parsippany, NJ 07054</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Salerno, F. Robert</b> <b>6 Sylvan Way</b> <b>Parsippany NJ 07054</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Bock, Eric J.</b> <b>9 West 57th Street</b> <b>New York NY 10019</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Huber, Joseph</b> <b>1 Campus Drive</b> <b>Parsippany NJ 07054</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Cocroft, Duncan H.</b> <b>1 Campus Drive</b> <b>Parsippany NJ 07054</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Joseph Salerno  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/02  
Date

Daytime Phone #

CR2E034 (9/01)