

2002 UNIFORM BUSINESS REPORT (UBR)

UBR/000 AV

DOCUMENT # **P96000041729**

1. Entity Name

PAR AUTO SALES, INC.

FILED

02 SEP 18 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**700 SO FEDERAL HIGHWAY
STUART FL 34994**

Mailing Address

**700 SO FEDERAL HIGHWAY
STUART FL 34994**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0666411

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

**MASIELLO, ROBERT
700 SO FEDERAL HIGHWAY
STUART FL 34994**

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.

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST** ☐ Delete
NAME **MASIELLO, ROBERT**
STREET ADDRESS **700 SO FEDERAL HIGHWAY**
CITY-ST-ZIP **STUART FL 34994**

TITLE ☐ Change ☐ Addition
NAME **700007847547-5**
STREET ADDRESS **-09/19/02--01043--015**
CITY-ST-ZIP ******150.00 ****150.00**

TITLE **D** ☐ Delete
NAME **MASIELLO, ROBERT**
STREET ADDRESS **700 SO FEDERAL HIGHWAY**
CITY-ST-ZIP **STUART FL 34994**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (9/01)

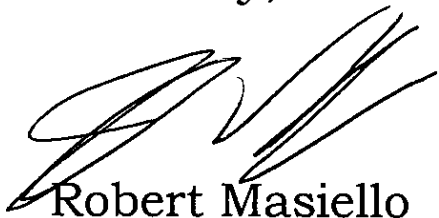
Attachment
Doc. # P96000041729

September 9, 2002

Dear Sirs:

Enclosed you will find my 2002 Uniform Business Report along with the original payment due. There was a death in my family this year that left my family in desperate need of my attention. Because of this tragedy, my professional life was put on the back burner. As a result, I missed the deadline for this payment and forgot about it all together until now. Please take these matters into consideration and excuse me from the penalties incurred since the due date. Thank you for your time and consideration.

Sincerely,



Robert Masiello