

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000064559

1. Entity Name  
GREYHOUND AUTO PARTS, INC.Principal Place of Business  
1596 SW 5TH AVE  
BOCA RATON FL 33432Mailing Address  
1596 SW 5TH AVE2. Principal Place of Business  
3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number  
**65-0772521**Applied For  
Not Applicable

5. Certificate of Status Desired

 **\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

ZAP, ABBEY  
1596 SW 5TH AVE  
BOCA RATON FL 33432

## 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

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 State10. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be  
Added to Fees

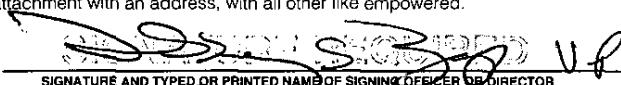
## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CR2034 (9/01)

TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAP, DARREN		NAME	
STREET ADDRESS	1596 SW 5TH AVE		STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432		CITY-ST-ZIP	
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAP, ABBEY		NAME	
STREET ADDRESS	1596 SW 5TH AVE		STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432		CITY-ST-ZIP	
TITLE	DPS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAP, GARY S		NAME	
STREET ADDRESS	1596 SW 5TH AVE		STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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 #

FILED  
Apr 07, 2002 8:00 am  
Secretary of State

04-07-2002 90043 031 \*\*\*150.00

037651  
AV

DO NOT WRITE IN THIS SPACE

037651  
AV

CR2034 (9/01)