

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

0108877 AV

DOCUMENT # **P97000071309**

1. Entity Name  
**ARRIVAL CAR RENTAL, INC.**

04-01-2002 90057 036 \*\*\*150.00

Principal Place of Business  
**3255 MCCOY RD.  
 ORLANDO FL 32822**

Mailing Address  
**3255 MCCOY RD.  
 ORLANDO FL 32822**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**5260 W. Ielo Bronson Hwy**  
 Suite, Apt. #, etc.  
**Suite 120**

3. Mailing Address  
**5260 W. Ielo Bronson Hwy**  
 Suite, Apt. #, etc.  
**Suite 120**

City & State  
**KISSIMMEE FL**

City & State  
**KISSIMMEE FL**

4. FEI Number **59-3466729** Applied For   
 Not Applicable

Zip **34746** Country **Osceola**

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

6. Name and Address of Current Registered Agent  
**PASARELL, JOSE M**  
**8126 BENRUS ST**  
**ORLANDO FL 32827**  
 Delete

7. Name and Address of New Registered Agent  
 Name **PASARELL, JOSE M.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5260 W. Ielo Bronson Hwy Suite # 120**  
 City **KISSIMMEE FL** Zip Code **34746**

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 **Joseph PASARELL President** **3/15/02**  
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.   
**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>DPS</b> <input type="checkbox"/> Delete <b>PASARELL, JOSE M</b> <b>3255 MCCOY RD.</b> <b>ORLANDO FL 32812</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Delete <b>PASARELL, JOSE L</b> <b>3255 MCCOY RD.</b> <b>ORLANDO FL 32812</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Joseph PASARELL</b> <b>5260 W. Ielo Bronson Hwy 120</b> <b>KISSIMMEE FL 34746</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PASARELL, Noemi</b> <b>1547 ENSENADA DR</b> <b>ORLANDO FL 32825</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: **3/19/02** **(407) 402-2222**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)