

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. IRLB BROWSON HWY

Suite, Apt. #, etc.

Suite 120

City & State

KISSIMMEE FL

Zip

34746

Country

Osceola

3. Mailing Address

5260 W. IRLB BROWSON HWY

Suite, Apt. #, etc.

Suite 120

City & State

KISSIMMEE FL

Zip

34746

Country

Osceola

4. FEI Number

59-3466729

Applied For

Not Applicable

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

**5260 W. IRLB BROWSON
Suite 120
KISSIMMEE, FL 34746**

New

7. Name and Address of New Registered Agent

Name **PASARELL, JOSE M.**

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

5260 W. IRLB BROWSON 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

[Signature]

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.
(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	DPS	<input type="checkbox"/> Delete
NAME	PASARELL, JOSE M	
STREET ADDRESS	3255 MCCOY RD.	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	T	<input type="checkbox"/> Delete
NAME	PASARELL, JOSE L	
STREET ADDRESS	3255 MCCOY RD.	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph PASARELL	
STREET ADDRESS	5260 W. IRLB BROWSON HWY 120	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASARELL, Noemi	
STREET ADDRESS	1547 ENSENADA DR	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

3/19/02 (407) 402-2222

Date

Daytime Phone #

CR2E034 (9/01)