

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90117 013 ***150.00

DOCUMENT # P97000071309

1. Entity Name
ARRIVAL CAR RENTAL, INC.



Principal Place of Business
**5260 W IRLO BRONSON HWY
STE 120
KISSIMMEE FL 34746**

Mailing Address
**?5260 W IRLO BRONSON HWY
STE 120
KISSIMMEE FL 34746**

2. Principal Place of Business
7450 AUGUSTA NATIONAL DR

3. Mailing Address
7450 AUGUSTA NATIONAL DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ORLANDO FL

City & State
ORLANDO FL

4. FEI Number
59-3466729

Applied For
Not Applicable

Zip
32822

Country
USA

Zip
32822

Country
USA

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

**PASARELL, JOSE M
5260 W IRLO BRONSON HWY
STE 120
KISSIMMEE FL 34746**

**7450 AUGUSTA NATIONAL DR
ORLANDO FL 32822**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Jose Pasarell**

3/29/03

Signature and printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DPS PASARELL, JOSE M**
STREET ADDRESS **5260 W IRLO BRONSON HWY STE 120**
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE ☐ Change ☐ Addition
NAME **DPS PASARELL, JOSE M**
STREET ADDRESS **7450 AUGUSTA NATL. DR**
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE ☐ Delete
NAME **T PASARELL, JOSE L**
STREET ADDRESS **1547 ENSENADA AVE**
CITY-ST-ZIP **ORLANDO FL 32825**

TITLE ☐ Change ☐ Addition
NAME **T PASARELL, Noemi**
STREET ADDRESS **SAME**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/29/03 407-402-2222

Date

Daytime Phone #

CR2E034 (10/02)