

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90157 030 ***150.00

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DOCUMENT # G56282

1. Entity Name
ROYAL RENT-A-CAR SYSTEMS OF FLORIDA, INC.



Principal Place of Business
1406 N.W. 42ND AVE
MIAMI FL 33126
US

Mailing Address
1406 N.W. 42ND AVE
MIAMI FL 33126
US

2. Principal Place of Business
3801 NW 25 ST.
Suite, Apt. #, etc.

3. Mailing Address
3801 NW 25 ST.
Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33142 Country **US**

Zip
33142 Country **US**

4. FEI Number **59-2334873**

Applied For
 Not Applicable

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

60010471



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PERERA, ISMAEL, JR.
1406 N.W. 42ND AVE.
MIAMI FL 33126

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

SIGNATURE _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERERA, ISMAEL 600 BILTMORE WAY #911 CORAL GABLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV PERERA, ISMAEL, SR. 26 N.W. 24TH CT. MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3801 N.W. 25 ST MIAMI, FL 33142
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** 1/11/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (10/02)