

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-09-2003 90157 001 ***150.00

DOCUMENT # *P01000004056*

1. Entity Name

*General Rent A CAR
& LEASING INC*



DO NOT WRITE IN THIS SPACE

10103725

2. Principal Place of Business

2117 S. Fed Hwy

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

H Landudale FL

City & State

Same

Zip

33316

Country

BROWARD

Zip

33316

Country

4. FEI Number

66-1072825

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

ENRICO Simeone

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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: *PROD*
NAME: *ENRICO Simeone*
STREET ADDRESS: *8007 Hibiscus Cir TAMARAC FL*
CITY-ST-ZIP:

TITLE: *U.P*
NAME: *JOANNE Simeone*
STREET ADDRESS: *8007 Hibiscus Cir TAMARAC FL*
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ENRICO Simeone

4-28-03

Date

954 467-2325

Daytime Phone #

CR2E034B (12/02)