FILED

Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90113 031 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P01000066546

1. Entity Name

GLOBAL RENT-A-CAR OF SOUTH FLORIDA, INC.



NAME STREET ADDRESS CITY-ST-ZIP MEDEROS, ANTONIO STREET ADDRESS CITY-ST-ZIP MIAMI FL 33173 CITY-ST-ZIP DST MATALON, ROBERTO TO 1701 NE 198 TERR MATALON, ROBERTO STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				WE TE					
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zp Country Zp Country S. Certificate of Status Desired Seas Status	3256 NW 24 STREET RD .		3256 NW 24 STREET RD	3256 NW 24 STREET RD					
City & State Ci	2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Section Sect	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
S. Courting 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MATALON, ROBERT 3256 NW 24 ST RD. MAMI FL 33142 City City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Forda. I am familiar with, and acc the ortigations of registered agent. SIGNATURE FUE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OH-HCERS AND DIRECTORS IN 11. MAKE Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS IN 11. MAKE Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS IN 11. MAKE STREET ADDRESS CHT-57-2P LLANES, ALFONSO Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS IN 11. MAKE MAKE AND DIRECTORS IN 11. MAKE AND DIRECTORS AND DIRECTORS IN 11. MAKE AND DIRECTORS AND DIRECTORS IN 11. MAKE AND DIRECTORS A	City & State		City & State	City & State		1 72-11/0/1			
Name and Address of Current Registered Agent	Zip Country Zip			Country	ountry 5. Certificate of Status Desired \$8.75 Additional			Iditional	
MATALON, ROBERT 3256 NW 24 ST RD. MIAM FL 33142 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and accident the obligations of registered agent. Or both, in the State of Forida. I am familiar with, and accident the obligations of registered agent. Or both, in the State of Forida. I am familiar with, and accident the obligations of registered agent. Or both, in the State of Forida. I am familiar with, and accident the obligations of registered agent. Or both, in the State of Forida. I am familiar with, and accident the obligations of registered agent. Or both, in the State of Forida. I am familiar with, and accident the obligations of registered agent. Or both, in the State of Forida. I am familiar with, and accident the obligations of registered agent. Or both, in the State of Forida. I am familiar with, and accident the obligations of registered agent. Or both, in the State of Forida. I am familiar with, and accident the obligations of registered agent. Or both, in the State of Forida. I am familiar with, and accident the obligations of registered agent. Or both, in the State of Forida. I am familiar with, and accident the obligations of registered agent. Or both, in the State of Forida. I am familiar with, and accident the obligations of registered agent. Or both, in the State of Forida. I am familiar with, and accident the obligations of registered agent. Or both, in the State of Forida. I am familiar with, and accident the obligations of registered agent. Or both, in the State of Forida. I am familiar with, and accident the obligations of registered agent. Or both, in the State of Forida. I am familiar with, and accident the obligations of registered agent. Or both, in the State of Forida. I am familiar with, and accident the obligations of registered agent. Or both, in the State of Forida. I am familiar with, and accident the obligations of registered agent. Or both, in the State of		6. Name and Address of Ci	urrent Registered Agent		7. Name and Address of N	lew Registered	Agent		
MATALON, ROBERT 3256 NW 24 ST RD. MAM FL 33142 City FL Zip Code			3	Name					
### Added to Personal Control of Process And Directors City	MATALON	i, robert			(0.0 0.0 1)				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent. Signature	3256 NW	24 ST RD.		Street Addre	ess (P.O. Box Number is Not Accep	otable)			
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent. SIGNATURE Signature Typical or primed name of registered agent agent and title if applicable. (NOTE Registered Agent signature required when remasking) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State DP	MIAMÎ FL	33142							
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 accident the obligations of registered agent. SIGNATURE				City		FI	Zip Coc	le	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Apex signature regaled when reinstation) DATE	8. The above the obligation	e named entity submits this statentions of registered agent.	nent for the purpose of changing its	s registered office or reg	istered agent, or both, in the State		familiar with,	and accept	
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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.

e requires SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 30-)63 5-3060