2001 UNIFORM BUSINESS REPORT (UBR)

Apr 12, 2001 8:00 am Secretary of State DOCUMENT # P96000048812 1. Entity Name , GENGRAL RENT A CAR, INC. 04-12-2001 90182 026 ***158.75 Principal Place of Business Mailing Address 322 A. S.W. 12TH AVE. -P.O.-BOX 402278 MIAMI FL 33130 MIAMI-BEACH-FL-33140 C0046475 LIS 2. Principal Place of Business 3. Mailing Address 322 A SW 12 Ave Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE WIBWI Applied For City & State City & State 4. FEI Number 65-0670280 FloriDA Not Applicable WIAMI Country \$8.75 Additional 5. Sertificate of Status Desired US 33130 Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent-Name MIZRAHI, RALPH Street Address (P.O. Box Number is Not Acceptable) 7275 POINCIANA CT MIAMI LAKES FL 33014 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **PSTD** Addition Change ☐ Delete TITLE TITLE MIZRAHI, RALPH S NAME NAME P:0: BOX 402278-STREET ADDRESS 322 A SW IZAVE STREET ADDRESS CITY-ST-7IP MIAMI-BEACH FL 33140 CITY-ST-ZIP MIAMI ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

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Daytime Phone #