FILED **2002 UNIFORM BUSINESS REPORT (UBR)** May 29, 2002 8:00 am § Secretary of State DOCUMENT # P96000048812 1. Entity Name 05-29-2002 90681 047 ***158.75 GENERAL RENT A CAR, INC. Principal Place of Business Mailing Address 322 A. S.W. 12TH AVE. 322 A. S.W. 12TH AVE. 400104 MIAMI FL-03100 MIAMI: FL: 39130 US--- 2. Principal Place of Business 3. Mailing Address Street200 W Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 305 City & State City & State 4. FEI Number Applied For 65-0670280 TIALR DSIAIH Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MIZRAHI MIZRAHI, RALPH -7275 POINCIANA CT-MIAMI LAKES FL 33014 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. I (NOTE: Registered Agent signature required when reinstating) SIGNATURE This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSTD ☐ Delete TITLE RALD Change Addition CR2E034 (9/01) RALPH MIZRAHi MIZRAHI. RALPH S NAME 2100 W 764 Street STREET ADDRESS 322 A SW 12 AVE -STREET ADDRESS CITY-ST-ZIP MIAMI-FL-33130 HIALROL, FL. 33016 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 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

Daytime Phone #