

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2002 8:00 am
Secretary of State

0229094 AV

DOCUMENT # S82464
 1. Entity Name
EXCEL RENT A CAR, INC.

01-08-2002 90018 048 ***150.00

Principal Place of Business 3980 N.W. 24TH ST. MIAMI FL 33142 US	Mailing Address 3980 N.W. 24TH ST. MIAMI FL 33142 US
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2. Principal Place of Business 4005 NW 28 ST Suite, Apt. #, etc. MIAMI	3. Mailing Address 4005 NW 28 ST Suite, Apt. #, etc. MIAMI
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DO NOT WRITE IN THIS SPACE

City & State FLORIDA	City & State FLORIDA	4. FEI Number 65-0285161	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 33142	Country USA	Zip 33142	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
 FRIED, MARK E
 1110 BRICKELL AVE
 7TH FLOOR
 MIAMI FL 33131

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIAMS, WELLINGTON 3980 NW 24TH STREET MIAMI FL 33142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition → 4005 NW 28 ST MIAMI - FLORIDA 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LUE, DAVID F 3980 NW 24TH STREET MIAMI FL 33142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition → 4005 NW 28 ST MIAMI - FLORIDA 33142
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: David F. Lue 1/4/02 (305) 871-8735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)