2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRI

TED NAME OF SIGNING OFFICER OF DIRECTOR

FILED **DOCUMENT # 336509** Mar 15, 2000 8:00 am 1. Entity Name **Secretary of State** 441 MOTORS AUTO RENTAL OF FORT LAUDERDALE, INC 03-15-2000 90053 025 ***150.00 Principal Place of Business Mailing Address 401 W PROSPECT RD 401 W PROSPECT RD FORT LAUDERDALE FL 33309-3929 FORT LAUDERDALE FL 33309 1 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. # etc. 4. FEI Number Applied For City & State Cityⁱ& State 59-1223709 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MULLER, JOHN J Street Address (P.O. Box Number is Not Acceptable) 401 W PROSPECT RD FT LAUDERDALE FL 33309 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILÉ 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, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition ☐ Change ☐ Delete TITLE TITLE MULLER, JOHN J NAME NAME 2112 NE 58TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 00000 CITY-ST-ZIE ☐ Change Addition ☐ Delete TITLE TITLE MULLER, FRANCES L NAME NAME STREET ADDRESS 2112 NE 58TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE, FL 00000 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP--Change- Addition ☐ Dalete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 dustee 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 approvered.

J. mulle

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