

"AMENDED"
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # 359080

1. Entity Name

DADELAND RENT-A-CAR, INC.

02 AUG 13 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
16501 S. Dixie Highway

3. Mailing Address
16501 S. Dixie Highway

Suite, Apt. #, etc.
c/o James Rivchin

Suite, Apt. #, etc.
c/o James Rivchin

City & State
Miami, FL

City & State
Miami, FL

Zip
33157

Country

Zip
33157

Country

4. FEI Number
59-1283016

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JAMES RIVCHIN

Street Address (P.O. Box Number is Not Acceptable)
16501 S. Dixie Highway

City
Miami

FL

Zip Code
33157

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.

James Rivchin

(NOTE: Registered Agent signature required when reinstating)

8/5/02

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
RIVCHIN, JAMES
16501 S. Dixie Highway
Miami, FL 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S/T
COSTELLO, DOREEN
16501 S. Dixie Highway
Miami, FL 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Rivchin

8/5/02

DATE

305-278-9994

Daytime Phone #

CR2E034B (12/01)