2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

DOCUMENT # 383675 May 10, 2000 8:00 am Secretary of State AAPEX RENT-A-CAR OF LIGHTHOUSE POINT, INC. 05-10-2000 90113 036 ***150.00 Mailing Address Principal Place of Business 3400 N. FDERAL HWY. 3400 N. FDERAL HWY. LIGHTHOUSE POINT FL 33064-6606 LIGHTHOUSE POINT FL 33064 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1361820 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.: Name and Address of New Registered Agent Name GUERRA, DONALD V Street Address (P.O. Box Number is Not Acceptable) 3400 N. FEDERAL HIGHWAY LIGHTHOUSE POINT FL 33064 Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITI F Change ☐ Addition ☐ Delete NAME GUERRA, DONALD V NAME STREET ADDRESS STREET ADDRESS 3400 N F. HIGHWAY CITY-ST-7IP CITY-ST-ZIP LIGHTHOUSE POINT FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME AWED, MARY STREET ADDRESS 1261 NE 42ND COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL . Change Addition . DTI.E Delete NAME NAME **GUERRA, LILIANE** STREET ADDRESS STREET ADDRESS 2314 N.E. 26TH ST. CITY-ST-ZIP CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete 1 NAME STREET ADDRESS STREET ADDRESS 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 empty vered 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 appears with all other like empowered.