

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 502296

1. Entity Name

INTERAMERICAN CAR RENTAL, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90135 041 ***158.75

Principal Place of Business

1790 N.W. LEJEUNE RD.
MIAMI FL 33126

Mailing Address

1790 N.W. LEJEUNE RD.
MIAMI FL 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1685935

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERDIE, AINSLEE R
717 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	SD	<input type="checkbox"/> Delete
NAME	WILDSTEIN, DIANE	
STREET ADDRESS	1790 N. W. LEJEUNE ROAD	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WILDSTEIN, LARRY	
STREET ADDRESS	1790 N. W. LEJEUNE ROAD	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	V	<input type="checkbox"/> Delete
NAME	BYRD, RICK	
STREET ADDRESS	3977 NW 25TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	KUPPERMAN, JOEL	
STREET ADDRESS	% 1790 N.W. LEJEUNE RD.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 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

Date

Daytime Phone #

JOEL KUPFERMAN

1/25/00

877-3030

CR2E034 (9/99)