

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B9900000478

1. Entity Name **B99**
ALAMO RENT-A-CAR MANAGEMENT, LP

Principal Place of Business **B99000006478**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 20 PM 3: 23

2. Principal Place of Business 200 S. Andrews Avenue Suite, Apt. #, etc. 11th floor City & State Ft. Lauderdale, FL Zip 33301 Country USA		3. Mailing Address 200 S. Andrews Avenue Suite, Apt. #, etc. 11th floor City & State Ft. Lauderdale, FL Zip 33301 Country USA	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2207167	Applied For <input type="checkbox"/> Not Applicable
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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

7. Name and Address of New Registered Agent

CT Corporation System
1200 S. Pine Island Road
Ft. Lauderdale, FL 33301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. 999.00	10. Amount of Capital Contributions in FLORIDA to date. 999.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F99000006736 ARC - GP, Inc. 200 S. Andrews Avenue Ft. Lauderdale, FL 33301	STREET ADDRESS	800003223728-3
		CITY-ST-ZIP	-04/25/00--01100--004
			***141.25 ***141.25
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		CITY-ST-ZIP	
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		CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **Howard D. Schwartz** **Howard D. Schwartz** **4/17/00** **954-320-4000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Secretary of GP Date Daytime Phone #

CR2E003 (9/99)