

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 18, 2001 08:00 AM**
Secretary of State**DOCUMENT # F98000005717**1. Entity Name
CAR RENTAL CLAIMS, INC.

Principal Place of Business

200 S ANDREWS AVE

FORT LAUDERDALE
33301

FL

US

Mailing Address

200 S ANDREWS AVE

FORT LAUDERDALE
33301

FL

US

2. Principal Place of Business
200 S. ANDREWS AVE., 11TH FLOOR3. Mailing Address
200 S ANDREWS AVE., 11TH FLOOR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FORT LAUDERDALE

FL

City & State
FORT LAUDERDALE

FL

Zip
33301Country
USZip
33301Country
US4. FEI Number
41-1921483

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROADPLANTATION
33324

FL

US

7. Name and Address of New Registered Agent

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)

01/18/2001

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HAWKINS THOMAS W | |
| STREET ADDRESS | 450 EAST LAS OLAS BLVD | |
| CITY-ST-ZIP | FT LAUDERDALE FL | |
| TITLE | CD | <input type="checkbox"/> Delete |
| NAME | COLE JAMES O | |
| STREET ADDRESS | 450 EAST LAS OLAS BLVD | |
| CITY-ST-ZIP | FT LAUDERDALE FL | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | MARTIN JOSEPH L | |
| STREET ADDRESS | 7700 FRANCE AVENUE SOUTH | |
| CITY-ST-ZIP | MINNEAPOLIS MN | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | BENZIAN JOHN | |
| STREET ADDRESS | 7700 FRANCE AVENUE SOUTH | |
| CITY-ST-ZIP | MINNEAPOLIS MN | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | PEARMAN CARLOS | |
| STREET ADDRESS | 1401 SOUTH FEDERAL HWY | |
| CITY-ST-ZIP | FT LAUDERDALE FL | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | ZINTER ERVIN A | |
| STREET ADDRESS | 7700 FRANCE AVENUE SOUTH | |
| CITY-ST-ZIP | MINNEAPOLIS MN | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------|--|
| TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BAXLEY WILLIAM | |
| STREET ADDRESS | 200 S. ANDREWS AVE. | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33301 | |
| TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LIEBERMAN SCOTT D | |
| STREET ADDRESS | 200 S. ANDREWS AVE. | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33301 | |
| TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILSON LELAND F | |
| STREET ADDRESS | 200 S. ANDREWS AVE. | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33301 | |
| TITLE | DS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHWARTZ HOWARD D | |
| STREET ADDRESS | 200 S. ANDREWS AVE. | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33301 | |
| TITLE | DV | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HYLE KATHLEEN W | |
| STREET ADDRESS | 200 S. ANDREWS AVE. | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33301 | |
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BEARD KAREN L | |
| STREET ADDRESS | 200 S. ANDREWS AVE. | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33301 | |

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: Howard D. Schwartz

DS

01/18/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

JAMES GRADY, ASSISTANT SECRETARY
200 S. ANDREWS AVE.

FORT LAUDERDALE, FL 33301

CLARK DUBIN, ASSISTANT SECRETARY
7700 FRANCE AVENUE SOUTH

MINNEAPOLIS, MN 55439

MIKE BISHOP, ASSISTANT SECRETARY
7700 FRANCE AVENUE SOUTH

MINNEAPOLIS, MN 55439