

"AMENDED"

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # G95208

1. Entity Name

STACEY RENT-A-TRUCK, INC.

02 AUG 13 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

800007174728--3

-08/16/02--01078--012

\*\*\*\*\*61.25 \*\*\*\*\*61.25

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

4. FEI Number  
59-2634370

Applied For  
Not Applicable

Zip  
33157

Country

Zip  
33157

Country

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

**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

**DO NOT WRITE  
IN THIS SPACE**

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 fee 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 \$61.25  
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  
P/D  
RIVCHIN, JAMES  
STREET ADDRESS  
16501 S. Dixie Highway  
CITY-STATE-ZIP  
Miami, FL 33157

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-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)

9/14/02