

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90168 013 ***158.75

DOCUMENT # H50932

1. Entity Name

ATLAS RENT-A-CAR, INC.

Principal Place of Business

**149 N2 42ND AVENUE
MIAMI FL 33126
US**

Mailing Address

**P.O. BOX 40-2278
MIAMI BEACH FL 33140-0278
US**

2. Principal Place of Business

3490 N.W. 42 Ave

Suite, Apt. #, etc.

MIAMI Florida

City & State

MIAMI Florida

Zip

33126

Country

USA

3. Mailing Address

322 A S.W. 12 Ave

Suite, Apt. #, etc.

MIAMI Florida

City & State

MIAMI Florida

Zip

33130

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2593924

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MIZRAHI, RALPH
7275 POINCIANA COURT
MIAMI LAKES FL 33114**

7. Name and Address of New Registered Agent

Name

MIZRAHI, RALPH

Street Address (P.O. Box Number is Not Acceptable)

322 A. S.W. 12th Avenue

City

MIAMI

FL

Zip Code

33130

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's signature required when reinstating)

DATE

4-22-009. 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

TITLE	P	<input type="checkbox"/> Delete
NAME	MIZRAHI, RALPH	
STREET ADDRESS	7275 POINCIANA COURT	
CITY-ST-ZIP	MIAMI LAKES FL 33014	

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

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIZRAHI, RALPH	
STREET ADDRESS	322 A SW 12 Ave.	
CITY-ST-ZIP	MIAMI FL. 33130.	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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:**Ralph Mizrahi**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RALPH MIZRAHI

Date

4-22-00

Daytime Phone #

**305 705-0505
305-776-1777**

CR2E034 (9/99)