

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013173

1. Entity Name

CAR RENTAL 2000 LLC

FILED

01 MAY -7 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
721 S.E. 17TH STREET, SUITE 200 721 S.E. 17TH STREET, SUITE 200
FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316

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 65-1056328 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMOTHE, FERNAND
721 S.E. 17TH STREET, SUITE 200
FORT LAUDERDALE FL 33316

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)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

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*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME TURGEON, NOEL
STREET ADDRESS 855, RUE DES AGATHES, CHARLESBOURG, QUEBEC
CITY-ST-ZIP CANADA G2L 2N4

TITLE MGR
NAME DOYON, JOSEE
STREET ADDRESS 855, RUE DES AGATHES, CHARLESBOURG, QUEBEC
CITY-ST-ZIP CANADA G2L 2N4

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP

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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #