

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

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90036 026 ****50.00

DOCUMENT # L00000013173

1. Entity Name

CAR RENTAL 2000 LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1401 DEWEY STREET	3. Mailing Address 1401 DEWEY STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State HOLLYWOOD, FL	City & State HOLLYWOOD, FL	4. FEI Number 65-1050328	Applied For <input type="checkbox"/> Not Applicable
Zip 33020	Country USA	Zip 33020	Country USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1401 DEWEY STREET

City HOLLYWOOD **FL** **Zip Code** 333020

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

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 MGR	NAME Turgeon, Noel	TITLE	NAME
STREET ADDRESS 855 des Agathes	CITY - ST - ZIP Charlesbourg, Qc G2L 2N4	STREET ADDRESS	CITY - ST - ZIP
TITLE MGR	NAME Doyon, Josee	TITLE	NAME
STREET ADDRESS 855 des Agathes	CITY - ST - ZIP Charlesbourg, Qc G2L 2N4	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
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STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - 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

Date

Daytime Phone #

03/07/02