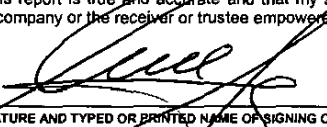


**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 90598 035 \*\*\*\*50.00

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # L02000000282</b>			
1. Entity Name <b>FLORIDA RENT-A-RIDE, LLC</b>			
<b>DO NOT WRITE IN THIS SPACE</b>			
2. Principal Place of Business <b>C/O 5201 BLUE LAGOON DRIVE</b>		3. Mailing Address <b>C/O 5201 BLUE LAGOON DRIVE</b>	
Suite, Apt. #, etc. <b>SUITE 100</b>		Suite, Apt. #, etc. <b>SUITE 100</b>	
City & State <b>MIAMI, FLORIDA</b>		City & State <b>MIAMI, FLORIDA</b>	
Zip <b>33126</b>	Country <b>USA</b>	Zip <b>33126</b>	Country <b>USA</b>
4. FEI Number <b>80-0031336</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name <b>Becker &amp; Poliakoff, P.A.</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>5201 Blue Lagoon Drive</b>			
Suite <b>Suite 100</b>			
City <b>Miami</b>		Zip Code <b>FL 33126</b>	
8. The above named entity submits this statement for the purpose of changing its registered office for registered agent, or both, in the state of Florida. <b>ALEXANDER REUS, ESQ.</b>			
SIGNATURE _____ (Note: Registered Agent signature required when reinstating) DATE _____			
Fee is \$50.00 Make Check Payable to Department of State DUE BY MAY 1			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>MGR. SVEN KUPFER C/O 5201 BLUE LAGOON DRIVE, SUITE 100 MIAMI, FL 33126</b>	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	<b>DO NOT WRITE IN THIS SPACE</b>
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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 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: 		<b>SVEN KUPFER, MANAGER</b> <b>03-15-02</b> (305) 262-4433	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	