

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92172 043 ****55.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000000282

1. Entity Name
FLORIDA RENT-A-RIDE, LLC



Principal Place of Business
C/O 5201 BLUE LAGOON DRIVE
SUITE 100
MIAMI, FL 33126

Mailing Address
C/O 5201 BLUE LAGOON DRIVE
SUITE 100
MIAMI, FL 33126

2. Principal Place of Business
14743 SW 54 Terr.
Suite, Apt. #, etc.

3. Mailing Address
14743 SW 54 Terr.
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Miami, FL
Zip
33185

Country

City & State
Miami, FL
Zip
33185

Country

4. FEI Number
80-0031336

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REUS, ALEXANDER/ESQ.
BECKER & POLIAKOFF, P.A.
5201 BLUE LAGOON DRIVE, SUITE 100
MIAMI, FL 33126

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
KUPFER, SVEN
5201 BLUE LAGOON DRIVE, SUITE 100
MIAMI, FL 33126 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
14743 SW 54 Terr.
Miami, FL 33185

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

04/25/03

Date

786-546-5379

Daytime Phone #

CR2E083 (10/02)