

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90236 039 ****50.00

DOCUMENT # L02000021767

1. Entity Name

BEARLY USED AUTO RENTAL INTERNATIONAL, LLC



Principal Place of Business

Mailing Address

1100 S. E. 5TH COURT

1100 S. E. 5TH COURT

SUITE # 72

SUITE # 72

POMPANO BEACH FL 33060

POMPANO BEACH FL 33060

2. Principal Place of Business

3. Mailing Address

4651 SW 51ST STREET

4651 SW 51ST STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

808

808

City & State

City & State

DAVIE, FL

DAVIE, FL.

Zip

Zip

33314

33314

Country

Country

USA

USA

4. FEI Number

72-1535676

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

VON BAMPUS, JAMES F
1100 S. E. 5TH COURT
SUITE # 72
POMPANO BEACH FL 33060

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

James Von Bampus
Signature, typed or printed name of registered agent and title if applicable.

JAMES VON BAMPUS

1-13-03

(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
VON BAMPUS, JAMES F
1100 S.E. 5TH COURT
POMPANO BEACH FL 33060

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
EARLE, GORDON M
2545 EAST SUNRISE BLVD., # 191
FORT LAUDERDALE FL 33304

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

James Von Bampus
JAMES VON BAMPUS

1-13-03

954-584-2150

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

Date

Daytime Phone #

CR2E083 (10/02)