2000 UNIFORM BUSINESS REPORT (UBR) M99000002039 **DOCUMENT #** FILED 1. Entity Name 00 APR 20 PM 1: 43 ALAMO RENT-A-CAR, LLC SECRETARY OF STATE TALLAHASSEE. FLORIDA Mailing Address Principal Place of Business 2. Principal Place of Business 3. Mailing Address 200 S.Andrews Avenue 200 S. Andrews Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 11th Hoor Applied For City & State City & State Ft. Lauderdale, A Ft. Lauderdale, Not Applicable \$5.00 Additional 5. Certificate of Status Desired 33301 uSA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT Corporation System 1200 Pine Island Road Street Address (P.O. Box Number is Not Acceptable) Plantation, FL 33324 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. ☐ Change Addition Member Delete TITLE ANC Rental Corporation 200 S. Andrews Avenue NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ft. Lauderdale, FL 33301 500003213615 ☐ Delete TITLE NAME -04/24/00--01026--007 STREET ADDRESS STREET ADDRESS *****50.00 *****50.00 CITY-ST-ZIP CITY-ST-ZIP □ Defete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER SECRETARY OF MEMBEY

SIGNATURE:

Howard D. Schwartz 4/17/00 9.94-