2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9900002039

1. Entity Name



FILED Apr 09, 2003 8:00 am Secretary of State

04-09-2003 90040 036 ****50.00

ALAMO RI	ENT-A-CAR, LLC								
Principal Plac	ce of Business	Mailing Address	<u> </u>						
11TH FLOOR		200 S. ANDREWS AVENUE 11TH FLOOR FT. LAUDERDALE FL 33301			CHECK HERE IF MAKING CHANGES				
2. Principal Place of Business		3. Mailing Address 2005 Andrews AVE							
Suite, Apt. #, etc.		Suite, Apt. #, etc. 11th Floor-Legal Dept.		ept.					
City & State		City & State FORT LAUD: FL			Number 59-1	465528		oplied For ot Applicable	}
Zip	Country	^{Zi} 23301	Country	5. Ce	rtificate of Status E	Desired	\$5.00 Ad Fee Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
ОТ	CORPORATION SYSTEM .		Name						
1200	SOUTH PINE ISLAND ROAD NTATION FL 33324		Street A	Street Address (P.O. Box Number is Not Acceptable)					
r LA	41/A1(ON 1 E 35524								l
			City			FL	Zip Cod	е	
8. The above	named entity submits this statement for	the purpose of changing its r	registered office o	r registered agen	, or both, in the St	ate of Florida. I am f	amiliar with,	and accept	
trie obligat	ions of registered agent.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg				ture required when reins	ating)	DATE			ļ
						5.02			
		Make Check Payable	WIII FEE IS S		ate				
		· ·	By May 1, 200	-					ĺ
9.	MANAGING MEMBER	RS/MANAGERS	10.		ADD	OITIONS/CHANGES			ĺ
TITLE	MGR	Delete	TITLE	MGR			Change	Addition	É
NAME	MOOR, WAYNE	A	NAME	Douala	s C. Laux	K		7	2
STREET ADDRESS	200 S. ANDREWS AVENUE			Page no	Laure Due	E-ml A.		フロム・	S
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		CITY-ST-ZIP	200 3- HN	news rive.	K FORTLAUC	<u>, rl 3</u>	2001	į
TITLE NAME	MGR SCHWARTZ, HOWARD D	Delete	TITLE NAME		F. Wilso		☐ Change	Addition	ξ
STREET ADDRESS	200 S. ANDREWS AVE.		STREET ADDRESS				_		
CITY-ST-ZIP	FT. LAUDERDALE FL 33301			200 S F	00 5 Andrews AIE, FORTLAND FL 33301				
TITLE	MGR	Delete	TITLE				Change	☐ Addition	:
NAME	WOOD, MARY	/ \	NAME						
STREET ADDRESS CITY-ST-ZIP	200 S. ANDREWS AVE.		STREET ADDRESS CITY-ST-ZIP					i.	
	FORT LAUDERDALE FL 33301	<u></u>							
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS	3					
CITY-ST-ZIP			CITY-ST-ZIP		i			ĺ	

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.

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

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NAME STREET ADDRESS

NAME

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Change

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Addition