2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED May 12, 2001 8:00 am Secretary of State DOCUMENT # P0000052595 U.S.A. CAR SALE & RENTAL, INC. 05-12-2001 90047 014 ***158.75 Principal Place of Business Mailing Address 6332 1/2 N PALA FOX ST 6332 1/2 N PALA FOX ST PENSACOLA FL 32503 PENSACOLA FL 32503 6339 Aa Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number 59 - 365 City & State Applied For ity & State PNSACO10 Not Applicable \$8.75 Additional Country Country 3⁴2503 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TEHRANI, NIJAN Street Address (P.O. 6332 1/2 N PALA FOX ST -PENSACOLA FL 32503 City 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 agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 President Delete Change TITLE TITLE Addition AGHAEE, BEHNAM NAME NAME BIJAN 32503 TehRANI, STREET ADDRESS STREET ADDRESS 6332 1/2 N PALA FOX ST N. PAIAFOX STRET CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32503 Delete TITLE TITLE ☐ Change TEHRANI, BIJAN NAME NAME STREET ADDRESS STREET ADDRESS 6332 1/2 N PALA FOX ST CITY-ST-7IP CITY-ST-7IP PENSACOLA FL 32503 ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the certified by the same legal effect as if made under eath; that I am an officer or director of the corporation or the certified by the same legal effect as if made under eath; that I am an expense in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. changed, or on an attacl nent with an address, with all other like empowered.

AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR