FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
05-16-2002 90058 007 ***150.00

DOCUMENT #

1. Entity Name
P00000065306
VALUE RENT A CAR, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1600 MCCOY RD
Suite, Apt. #, etc.
City & State: ORLANDO, FL
Zip: 32809 Country: USA

3. Mailing Address
2091 DERBY GLEN DR.
Suite, Apt. #, etc.
City & State: ORLANDO, FL
Zip: 32837 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3664390 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: FERNANDO ALTAMIRANO
Street Address (P.O. Box Number is Not Acceptable): 2091 DERBY GLEN DR
City: ORLANDO FL Zip Code: 32837

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: B NAME: FERNANDO ALTAMIRANO STREET ADDRESS: 2091 DERBY GLEN DR CITY-ST-ZIP: ORLANDO, FL 32837	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: T NAME: BONNIE ALTAMIRANO STREET ADDRESS: 2091 DERBY GLEN DR CITY-ST-ZIP: ORLANDO, FL 32837	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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DO NOT WRITE IN THIS SPACE

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 oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: ALTAMIRANO FERNANDO ALTAMIRANO 4/29/02 (407) 240 4556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/01)