

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90026 034 ***158.75

DOCUMENT # P00000088856	
1. Entity Name	
NATIONAL AUTO SALES & RENTALS CORP	

DO NOT WRITE IN THIS SPACE

44028567

2. Principal Place of Business 112 NW 14 ST	3. Mailing Address 12649 67 th ST. N
Suite, Apt. #, etc. 4	Suite, Apt. #, etc. West Palm Bch.
City & State POMPANO BEACH, FL	City & State FLA.
Zip 33060	Country Palm Bch. Co.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 65-1040938	Applied For Not Applicable
	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
	7. Name and Address of Current Registered Agent	
	Name CAROLYN DeLVECCHIO Street Address (P.O. Box Number is Not Acceptable) 12649 67 th ST. N. City WEST Palm Bch. FL Zip Code 33412	

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 *Carolyn M. DeLVecchio* *Carolyn M. DeLVecchio* **DATE** 4/7/04

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT - DIR. CAROLYN DeLVECCHIO 12649 67 th ST. N WEST Palm Bch. FL. 33412	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES. - DIR. JOSEPH ANTONACCIO 510 LOCUST ST. MT. VERNON, N.Y. 10552	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR - V.P. Joseph DeLVecchio 12649 67 th ST. N. West Palm Bch. FL. 33412	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE *Carolyn M. DeLVecchio* *Carolyn M. DeLVecchio* **DATE** 4/7/04 **Daytime Phone #**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR