

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

DOCUMENT # P01000036285

1. Entity Name

FRIENDLY TOURS & AUTO RENTALS, INC.



03 AUG 21 PM 4:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

**REINSTATEMENT 02-03**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
2519 N.W. 38TH COURT

Suite, Apt. #, etc.

3. Mailing Address  
2519 N.W. 38TH COURT

Suite, Apt. #, etc.

City & State  
MIAMI, FL

Zip  
33142

Country  
USA

City & State  
MIAMI, FL

Zip  
33142

Country  
USA

4. FEI Number 65-0192365

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 CARMEN M MUNIZ

Street Address (P.O. Box Number is Not Acceptable)

2519 NW 38 COURT

City MIAMI

FL Zip Code  
33142

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DIRECTOR  
CARMEN M MUNIZ  
10290 NW 9 STREET MIAMI, FL 33142

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

100022760781  
03/04/03--01071--007 \*\*908.75

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**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/13/03

Date

(786)488-5008

Daytime Phone #

CR2003AR (1/02)