

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

DOCUMENT # *P01000105713*

1. Entity Name

Auto Rentals & Trucks, Inc



FILED

03 MAR 17 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3994 N.W. 27th Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SAME

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

4. FEI Number

65-1155655

Applied For

Not Applicable

Zip

33142

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

RAFAEL L. Sotomayor

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

5106 TERRA VISTA Way

City

Orlando

FL

Zip Code

32837

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IN THIS SPACE**

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]

3/10/03

(Signature typed or printed name of registered agent and if applicable)

(NOTE: Registered Agent signature required when reinstating)

D/E

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
Jorge Gonzalez
2642 Collins Ave Apt. #406
Miami Beach, FL 33140*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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800014236418
03/17/03--01004--019 **308.75

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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 filers as required.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/03 (305)871-3200
Date Daytime Phone #

CR2E034B (12/02)

For Filing Purposes ONLY

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

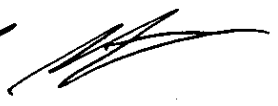
March 12, 2003

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern:

Please waive the late charge on
the 2002 UBR as it was returned to your
office due to an incorrect corporate address. We
provide this business on 1/6/03 but are willing to
pay the 2002 filing fees. Thanks for your help in
this matter.

Sincerely,

Rafael L. 

Auto Rentals & Trucks, Inc.

PO1000105713