

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90070 030 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000041809			
1. Entity Name ZEE BEST CAR RENTAL, INC.			
Principal Place of Business 1820 NE 163RD STREET STE 203 N. MIAMI BEACH, FL 33162		Mailing Address 1820 NE 163RD STREET STE 203 N. MIAMI BEACH, FL 33162	
2. Principal Place of Business 16455 NE 6th Ave Suite, Apt. #, etc.		3. Mailing Address 16455 NE 6th Ave Suite, Apt. #, etc.	
City & State N. Miami Bch, FL		City & State N. Miami Bch, FL	
Zip 33162		Country USA	
4. FEI Number 27-0007787		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MILLER, JEFF 1820 NE 163RD STREET STE 203 N. MIAMI BEACH, FL 33162		7. Name and Address of New Registered Agent Name Jeff Miller Street Address (P.O. Box Number is Not Acceptable) 16455 NE 6th Ave N. Miami Beach FL 33162	
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: <i>Jeff Miller</i> DATE: 3/7/03 (NOTE: Registered Agent's signature required when remaining)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PSD MILLER, JEFF 1820 NE 163RD STREET STE 203 N. MIAMI BEACH, FL 33162		TITLE NAME STREET ADDRESS CITY-ST-ZIP D Rose Nakundi 5 NE 193rd St, NMB, FL 33199	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP D Marie Pierre-Louis 7701 Leon Ave, Tampa, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP D Seymour Waller 16455 NE 6th Ave, NMB, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Jeff Miller</i>		DATE: 3/7/03 305-941-8900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	