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

## DOCUMENT #

P02000056710

1. Entity Name

GO RENT A CAR CORP



FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90219 046 \*\*\*150.00

Principal Pla	ce of Business	Mailing Address			-					
Principal Place of Business 12490 APOKA VINELAND ROAD ORLANDO FL 32836		Mailing Address 14500 SW 160 TERRACE MIAMI FL 33177								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				مين سيد السيال المالية	//AKING. CH	HANGES		
City & State		City & State			4.	4. FEI Number		<u> </u>	oplied For of Applicable	
Zip Country		Zip Cour		ntry	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent	_1		7.	Name and Address of New Regi		1		
OFOOTAL	loop.	Name								
GESSEN,		Street Address			(P.O. E	(P.O. Box Number is Not Acceptable)				
	V. 160 TERRACE					, i.e., beautiful to the tribute to				
MIAMI FL	33177									
				City			FL	Zip Code	e	
8. The above	named entity submits this statement to	r the purpose of changing it	la raciator	nd office as society		and a bath in the Orace of Civil	1	•		
the obligat	e named entity submits this statement fo tions of registered agent.	r the purpose of changing it	is registere	ed office or registe	erea ag	gent, or both, in the State of Florida	. I am fam	liar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NO	TF: Registere	d Agent signature require	ed when r	einstation)	DATE			
	THE NOWILL FEE IC 0150.00		•				DAIL		<del></del>	
	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00					9Election Campaign Financ	ing	·=\$5:0	O:Mav:Be	
	k Payable to Florida Department of	State				Trust Fund Contribution.			to Fees	
10.	OFFICERS AND	į.	11,		ΛΓ	DITIONS (CHANGES TO OFFICE	OC AND DU	DECTOR!	2.151.4.4	
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STREET ADDRESS	14500 S.W. 160 TERRACE		STRE							
CITY-ST-ZIP	MIAMI FL 33177		CITY-							
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CITY-ST-ZIP			CITY-	ST-ZIP						
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IAME			NAME					•	ļ	
STREET ADDRESS				T ADDRESS					1	
SITY-ST-ZIP				ST-ZIP						
<ol><li>I hereby c indicated</li></ol>	ertify that the information supplied with	this filing does not qualify fo	r the exen	nption stated in Se	ection 1	119.07(3)(i), Florida Statutes. I furth	er certify the	nat the inf	formation	
Or tille COIL	on this report or supplemental report is poration or the receiver or trustee empore or on an attachmentality and didner	vered to execute this report	as require	ne snall nave the ed by Chapter 607	same li 7, Floric	egai eπect as it made under oath; da Statutes; and that my name aoc	tnat I am ar ears in Blo	n officer a ck 10 ar f	or director Block 11 if	
changed,	or on an attachment with an address, w	ith all other like empowered		•		, j				

SIGNATURE:

SIC/MATURE RECESSION OF SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/10/03

JQ) - 20 7 3 1 1 Davtime Phone #

Date