

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 23, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P93000044580**1. Entity Name  
ALAMO RENT-A-CAR (CANADA), INC.Principal Place of Business  
200 S. ANDREWS AVENUE  
  
FORT LAUDERDALE FL 33301 US  
Mailing Address  
200 S. ANDREWS AVENUE  
  
FORT LAUDERDALE FL 33301 US2. Principal Place of Business  
200 S. ANDREWS AVENUE, 11TH FLOOR  
3. Mailing Address  
200 S. ANDREWS AVENUE, 11TH FLOOR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
FORT LAUDERDALE FL  
City & State  
FORT LAUDERDALE FL4. FEI Number  
**65-0568278**  
Applied For  
Not ApplicableZip Country  
33301 US  
Zip Country  
33301 US5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.

Name

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

PLANTATION FL 33324 US

City

FL Zip Code

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.

SIGNATURE \_\_\_\_\_ **01/23/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE VP ☐ Delete  
NAME SHEPPARD ELBERT L  
STREET ADDRESS 200 S. ANDREWS AVE.  
CITY-ST-ZIP FORT LAUDERDALE FL 33301TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VPS ☐ Delete  
NAME HURST MASON II  
STREET ADDRESS 200 S. ANDREWS AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL 33301TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE P ☐ Delete  
NAME GOING MICHAEL  
STREET ADDRESS 200 S. ANDREWS AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL 33301TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE DT ☐ Delete  
NAME HYLE KATHLEEN W  
STREET ADDRESS 200 S. ANDREWS AVE.  
CITY-ST-ZIP FT. LAUDERDALE FL 33301TITLE DVP ☒ Change ☐ Addition  
NAME HYLE KATHLEEN W  
STREET ADDRESS 200 S. ANDREWS AVE.  
CITY-ST-ZIP FT. LAUDERDALE FL 33301TITLE D ☐ Delete  
NAME KARSNER MICHAEL S  
STREET ADDRESS 200 S. ANDREWS AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL 33301TITLE VPT ☒ Change ☐ Addition  
NAME WILSON LELAND F  
STREET ADDRESS 200 S. ANDREWS AVE.  
CITY-ST-ZIP FORT LAUDERDALE FL 33301TITLE D ☐ Delete  
NAME SCHWARTZ HOWARD D  
STREET ADDRESS 200 S. ANDREWS AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL 33301TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Howard D. Schwartz  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D 01/23/2001

Date Daytime Phone #

CR2E034 (11/00)

**JASON SMITH, ASSISTANT TREASURER**  
**200 S. ANDREWS AVE.**

**FORT LAUDERDALE, FL 33301**