

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000085734

1. Entity Name

CITY CAR RENTAL, INC.

**FILED**  
Feb 09, 2000 8:00 am  
Secretary of State

02-09-2000 90383 049 \*\*\*150.00

Principal Place of Business

Mailing Address

~~445 W. LANTANA RD  
STE 5  
LANTANA FL 33462  
US~~

901 S FEDERAL HWY  
LAKE WORTH FL 33460-5136

00011004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

615-7 Whitney AV.  
Suite, Apt. #, etc.  
Suite 7

Suite, Apt. #, etc.

City & State

City & State

LANTANA FL

Zip  
33462

Country  
USA

Zip

Country

4. FEI Number 65-0573648

Applied For

Not Applicable

5. 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

~~PETER HORT OF ORNAS  
2038 MARK DR  
LAKE WORTH FL 33461~~

Name

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

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

NILS ROGER STJERNVALL *[Signature]* 1/17-2000  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

9. 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, 2000 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 D ☐ Delete  
NAME STJERNVALL, ROGER  
STREET ADDRESS 901 S. FEDERAL HWY.  
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE ☐ Change ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HIORT AF ORNAS PETER  
STREET ADDRESS 2038 MARK DR  
CITY-ST-ZIP LAKE WORTH FL 33461

TITLE ☐ Change ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Delete  
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 changed, or on an attachment with an address, with similar like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17-2000 (56) 51