

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90242 039 ***158.75

DOCUMENT # P94000003738

1. Entity Name
E-Z RENT A CAR, INC.



Principal Place of Business
1777 MCCOY ROAD
ORLANDO FL 32809
US

Mailing Address
1777 MCCOY ROAD
ORLANDO FL 32809
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3222538

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

MEMARPOURI, MEHRDAD
10122 TRILLIUMS DR.
ORLANDO FL 32825

Name

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

1777 McCoy Rd.

City

Orlando

FL

Zip Code
32809

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

1-8-03

DATE

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 PTD ☐ Delete
NAME MEMARPOURI, MEHRDAD
STREET ADDRESS 10122 TRILLIUMS DR.
CITY-ST-ZIP ORLANDO FL 32825

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 1777 McCoy Rd.
CITY-ST-ZIP Orlando, FL 32809

TITLE VSD ☐ Delete
NAME REZAJE, ALIREZA
STREET ADDRESS 10122 TRILLIUMS DR.
CITY-ST-ZIP ORLANDO FL 32825

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 1777 McCoy Road
CITY-ST-ZIP Orlando, FL 32809

TITLE VP ☐ Delete
NAME Hesam
STREET ADDRESS 1777 McCoy Rd.
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Vice-President
STREET ADDRESS Hesam Sahraian
CITY-ST-ZIP 1777 McCoy Rd, Orlando FL 32809

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-03

407 367-2526

Date

Daytime Phone #

CR2E034 (10/02)