

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90035 038 ***550.00

0042642 AV

DOCUMENT # P96000009679

1. Entity Name

SPECIALTY AUTO RENTALS, INC.

Principal Place of Business

**3970 NW 25TH ST
 MIAMI FL 33142
 US**

Mailing Address

**3970 NW 25TH ST
 MIAMI FL 33142
 US**

2. Principal Place of Business

15305 NW 60 Avenue

Suite, Apt. #, etc.

SUITE 100

3. Mailing Address

15305 NW 60 Avenue

Suite, Apt. #, etc.

SUITE 100

City & State

MIAMI LAKES FL

Zip

33014

Country

City & State

MIAMI LAKES FL

Zip

33014

Country

4. FEI Number

65-0633947

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**ROJAS, GENEROSO
 3970 NW 25TH ST
 MIAMI FL 33142**

7. Name and Address of New Registered Agent

Name **GARY FULENA**

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

**15305 NW 60 Avenue
 SUITE 100**

City

MIAMI LAKES

FL

Zip Code

33014

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

GARY J. FULENA (Director)

(NOTE: Registered Agent signature required when reinstating)

9.4.01

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$550.00

**After September 12, 2001 Fee will be \$750.00
 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

TITLE **P** ☐ Delete
 NAME **ROJAS, GENEROSO L**
 STREET ADDRESS **3970 NW 25TH ST**
 CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☐ Delete
 NAME **[Blacked out]**
 STREET ADDRESS **[Blacked out]**
 CITY-ST-ZIP **[Blacked out]**

TITLE ☐ Delete
 NAME **[Blacked out]**
 STREET ADDRESS **[Blacked out]**
 CITY-ST-ZIP **[Blacked out]**

TITLE ☐ Delete
 NAME **[Blacked out]**
 STREET ADDRESS **[Blacked out]**
 CITY-ST-ZIP **[Blacked out]**

TITLE ☐ Delete
 NAME **[Blacked out]**
 STREET ADDRESS **[Blacked out]**
 CITY-ST-ZIP **[Blacked out]**

TITLE ☐ Delete
 NAME **[Blacked out]**
 STREET ADDRESS **[Blacked out]**
 CITY-ST-ZIP **[Blacked out]**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **[Blacked out]**
 STREET ADDRESS **15305 NW 60 Avenue SUITE 100**
 CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE ☐ Change ☒ Addition
 NAME **Director GARY J. FULENA**
 STREET ADDRESS **15305 NW 60 Avenue SUITE 100**
 CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE ☐ Change ☐ Addition
 NAME **[Blacked out]**
 STREET ADDRESS **[Blacked out]**
 CITY-ST-ZIP **[Blacked out]**

TITLE ☐ Change ☐ Addition
 NAME **[Blacked out]**
 STREET ADDRESS **[Blacked out]**
 CITY-ST-ZIP **[Blacked out]**

TITLE ☐ Change ☐ Addition
 NAME **[Blacked out]**
 STREET ADDRESS **[Blacked out]**
 CITY-ST-ZIP **[Blacked out]**

TITLE ☐ Change ☐ Addition
 NAME **[Blacked out]**
 STREET ADDRESS **[Blacked out]**
 CITY-ST-ZIP **[Blacked out]**

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

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY J. FULENA (Director)

Date

9.4.01

Day Phone **630-288-7375**

CRF0134 (5/01)