

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000021113

1. Entity Name

KING AUTO RENTALS, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90049 019 ***150.00

Principal Place of Business

8112 E COLONIAL
STE B
ORLANDO FL 32817
US

Mailing Address

8112 E COLONIAL DR
STE B
ORLANDO FL 32817-3906
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 **59-3363108**

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

GOMEZ, LUIS F JR.
1500 S. SEMORAN BLVD.
ORLANDO FL 32807

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 _____ (NOTE: Registered Agent signature required when reinstating) 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 ☐ Delete
NAME **S RIVERA, JESSKA M**
STREET ADDRESS **8631 ACOMA DRIVE**
CITY-ST-ZIP **ORLANDO FL 32829**

TITLE ☐ Change ☐ Addition
NAME **RIVERA, JESSICA M**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VSD DIEZ, ALICE M**
STREET ADDRESS **8631 ACOMA DRIVE**
CITY-ST-ZIP **ORLANDO FL 32829**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/00 407 8238388
Date Daytime Phone #

CR2E034 (9/99)