

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
 05-23-2001 90198 024 ***150.00

DOCUMENT # P97000031152
 1. Entity Name
 ORLANDO CAR RENTAL, INC

Principal Place of Business
 8126 BENRUS ST
 ORLANDO, FL. 32827
 U.S.
 Mailing Address
 8126 BENRUS ST
 ORLANDO, FL. 32827
 U.S.

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
 59-3482289
 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
 Groves, Jason D.
 8126 Benrus St.
 Orlando, FL. 32827

7. Name and Address of New Registered Agent
 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 _____
 Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **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

TITLE	V	MOISES GARIP JR	<input checked="" type="checkbox"/> Delete
NAME		8126 BENRUS ST	
STREET ADDRESS		ORLANDO FL 32827	
CITY-ST-ZIP			
TITLE	T	MOISES GARIP SR.	<input checked="" type="checkbox"/> Delete
NAME		8126 BENRUS ST	
STREET ADDRESS		ORLANDO, FL 32827	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	JASON GROVES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		8126 BENRUS ST	
STREET ADDRESS		ORLANDO, FL. 32827	
CITY-ST-ZIP			
TITLE	V.P	MOISES GARIP JR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		8126 BENRUS ST	
STREET ADDRESS		ORLANDO FL. 32827	
CITY-ST-ZIP			
TITLE	T	MOISE GARIP SR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		8126 BENRUS ST	
STREET ADDRESS		ORLANDO FL 32827	
CITY-ST-ZIP			
TITLE	S	JASON D. GROVES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		8126 BENRUS ST	
STREET ADDRESS		ORLANDO, FL. 32827	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> 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 or without like empowered.

SIGNATURE:  JASON D. GROVES PRES. 4-1-01 321-663-9700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)