

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000076820**

1. Entity Name

A&W RENTAL CORP.**FILED**
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90024 024 ***150.00

Principal Place of Business

Mailing Address

**231 174TH ST
1620
MIAMI BEACH FL 07410
US****800 SOUTHEAST THIRD AVENUE
301
FT. LAUDERDALE FL 33316-1152
US**

2. Principal Place of Business

3. Mailing Address

231 174th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1620

City & State

City & State

Miami Beach, Florida4. FEI Number **65-0862144**Applied For
Not Applicable

Zip

Country

Zip

Country

33160**USA**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

**LABATE, MARK J
800 SOUTHEAST THIRD AVENUE
STE 301
FT. LAUDERDALE FL 33316**

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

1/20/20009. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
WANOUNOU, IZAK
30-24 BROOKSIDE AVENUE
FAIRLAWN NJ 07410** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVPS
WANOUNOU, ALBERT
231 17TH STREET APT 1620
MIAMI BEACH FL 33160** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
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☐ DeleteTITLE
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☐ DeleteTITLE
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CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

01/20/2000 (305) 936-1539

Date

Daytime Phone #

ALBERT WANOUNOU Vice-President