

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098683

1. Entity Name

PRAISE/MARLINS AUTO RENTAL, INC.

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90200 031 \*\*\*150.00

Principal Place of Business

Mailing Address

3739 N.W. 25TH STREET  
MIAMI FL 33142

3739 N.W. 25TH STREET  
MIAMI FL 33142-6213

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

65-0878002

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

FARRELL, RICKEY L  
1595 S.E. PORT ST. LUCIE BLVD.  
PORT ST. LUCIE FL 34952

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.  
(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 D ☐ Delete  
NAME ANGLIN, LENWORTH REV.  
STREET ADDRESS 72 HALF WAY TREE ROAD  
CITY-ST-ZIP KINGSTON 10, JAMAICA WI

TITLE Director ☐ Change ☒ Addition  
NAME Rev. N. G. Hyatt  
STREET ADDRESS 2130 NW 26th Street  
CITY-ST-ZIP Ft. Lauderdale, FL 33311

TITLE D ☐ Delete  
NAME JOHNSTON, KENNETH  
STREET ADDRESS 64 COLSON COURT  
CITY-ST-ZIP PISCATAWAY NJ 08854

TITLE Director ☐ Change ☒ Addition  
NAME Rev. Bradley Dyer  
STREET ADDRESS 72 Half Way Tree Road  
CITY-ST-ZIP Kingston 10, Jamaica W.I.

TITLE D ☐ Delete  
NAME TIBBY, OWEN  
STREET ADDRESS 103 MAXFIELD AVE.  
CITY-ST-ZIP KINGSTON 10 JAMAICA WI

TITLE Director ☐ Change ☒ Addition  
NAME Rev. W. A. Blair  
STREET ADDRESS Faith Temple New Test. Church  
CITY-ST-ZIP Portmore, Jamaica W.I.

TITLE D ☐ Delete  
NAME GREY, MILTON  
STREET ADDRESS 1139 53RD COURT NORTH  
CITY-ST-ZIP WEST PALM BEACH FL 33407

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

TITLE D ☐ Delete  
NAME RILEY, BISHOP C  
STREET ADDRESS 681 WINTHROP STREET  
CITY-ST-ZIP BROOKLYN NY 11203

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

TITLE D ☐ Delete  
NAME BROWN, BALMAIN  
STREET ADDRESS 23 ACADIA CIRCLE  
CITY-ST-ZIP KINGSTON 8 JAMAICA WI

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE: MARJORIE JOHNSON BOOKKEEPER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00  
Date

305-636-4407  
Daytime Phone #

CR2E034 (9/99)