2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 14, 2001 8:00 am Secretary of State DOCUMENT # P98000098683 1. Entity Name PRAISE/MARLINS AUTO RENTAL, INC. 05-14-2001 90210 017 ***158.75 Mailing Address Principal Place of Business 3739 N.W. 25TH STREET 3739 N.W. 25TH STREET MIAMI FL 33142 MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-0878002 City & State Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FARRELL, RICKEY L Street Address (P.O. Box Number is Not Acceptable) 1595 S.E. PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34952 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 Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition Change TITI F Delete TITLE ANGLIN, LENWORTH REV. NAME NAME STREET ADDRESS 72 HALF WAY TREE ROAD STREET ADDRESS CITY-ST-ZIP KINGSTON 10. JAMAICA WI CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE JOHNSTON, KENNETH NAME NAME **64 COLSON COURT** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PISCATAWAY NJ 08854 CITY-ST-ZIP ☐ Addition ☐ Change Delete TITI F TIBBY: OWEN NAME NAME 103 MAXFIELD AVE. STREET ADDRESS STREET ADDRESS KINGSTON 10 JAMAICA WI CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE GREY, MILTON NAME NAME 1139 53RD COURT NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33407 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE RILEY, BISHOP C NAME NAME **681 WINTHROP STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BROOKLYN NY 11203 CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE BROWN, BALMAIN NAME 23 ACADIA CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KINGSTON 8 JAMAICA WI CITY-ST-ZIP

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

4/26/01