

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90964 042 ***150.00

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DOCUMENT # P98000100665

1. Entity Name
A1A RENT-A-CAR, INC.



Principal Place of Business
**12278 S.W. 117TH COURT
MIAMI FL 33186**

Mailing Address
**12278 S.W. 117TH COURT
MIAMI FL 33186**

2. Principal Place of Business
12278 S.W. 117th Court
Suite, Apt. #, etc.

3. Mailing Address
12020 S.W. 110th St. Circle North
Suite, Apt. #, etc.

City & State
Miami FL
Zip Country
33186 Dade

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Miami FL 33186
Zip Country
33186 Dade

4. FEI Number
65-0880218

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75-Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**IBARRA, RICARDO
12278 SW 117 CT.
MIAMI FL 33186**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ricardo Ibarra P.O.*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD IBARRA, RICARDO 12278 SW 117 CT. MIAMI FL 33186 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD. IBARRA, DOUGLAS A 4232 SW 98 AVE MIAMI FL 33165 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P.O. Ibarra Ricardo 12278 S.W. 117 Ct. Miami FL 33186 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V.P. Ibarra Douglas A. 12020 S.W. 110th, Circle North Miami FL 33186 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE: *Ricardo Ibarra* **Ricardo Ibarra** **4-1-03** **365-255-5007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)