

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062752

1. Entity Name

A-QUALITY AUTO RENTALS, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

03-15-2000 90015 008 ***150.00

Principal Place of Business Mailing Address
3511 NORTH ANDREWS AVENUE 3511 NORTH ANDREWS AVENUE
OAKLAND PARK FL 33309 OAKLAND PARK FL 33309-5219

2. Principal Place of Business 3. Mailing Address
3517 NW 10 AVE **3517 NW 10 AVE**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
OAKLAND PK FLA **OAKLAND PK FLA**
Zip Zip
33309 **33309**
Country Country



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0933719 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

BRADLEY, DALE
3511 NORTH ANDREWS AVENUE
OAKLAND PARK FL 33309

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 9e Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADLEY, DALE 3511 NORTH ANDREWS AVENUE OAKLAND PARK FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

3/10/00 **954-566-9818**
Date Daytime Phone #

CR2E034 (9/99)