

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067709

1. Entity Name

KINGDOM RENT A CAR, INC.

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90311 041 \*\*\*150.00

Principal Place of Business

Mailing Address

3079 DOUBLOON DRIVE  
 MARGATE FL 33063

P.O. BOX 260124  
 PEMBROKE PINES FL 33026-7124

2. Principal Place of Business

3. Mailing Address

730 NORTH STATE RD 7

730 N STATE RD 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANTATION, FLORIDA

City & State

PLANTATION, FLORIDA

4. FEI Number

650937999

Applied For

Not Applicable

Zip  
 33317

Country

BROWARD

Zip

33317

Country

BROWARD

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

SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

Name

ULRIC J LEWIS

Street Address (P.O. Box Number is Not Acceptable)

3079 DOUBLOON DR

City

MARGATE

FL

Zip Code

33063

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  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
 PTD  
 LEWIS, ULRIC J  
 3079 DOUBLOON DRIVE  
 MARGATE FL 33063 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
 VD  
 BERESTORI DANIELS  
 730 N STATE RD 7  
 PLANTATION, FL 33317 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
 VD  
 WALTERS, DONOVAN  
 3079 DOUBLOON DRIVE  
 MARGATE FL 33063 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
 VD  
 WALTERS, DONOVAN  
 130 N STATE RD 7  
 PLANTATION, FL 33317 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
 S  
 JACOBS, DEAN  
 3079 DOUBLOON DRIVE  
 MARGATE FL 33063 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
 S  
 BARNETT, HEWART  
 730 N STATE RD 7  
 PLANTATION, FL 33317 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
 JACOBS, DEAN  
 730 N STATE RD 7  
 PLANTATION, FL 33317 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
☐ Delete

TITLE  
 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

04/29/2000 954-5878860  
 Date Daytime Phone #

CR2E034 (9/99)