

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90308 019 ***150.00

DOCUMENT # P99000111299

1. Entity Name
BAY AUTO RENTAL, INC.



Principal Place of Business
312 STATE ROAD 84
FT. LAUDERDALE FL 33315

Mailing Address
312 STATE ROAD 84
FT. LAUDERDALE FL 33315

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 **65-0981080**

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

7. Name and Address of New Registered Agent

BURRVANO, JEFFREY
SUITE 900
PARKLAND FL 33067

Name **JEFFREY BURRVANO**

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

5630 NW 80TH TERRACE

City **PARKLAND**

FL

Zip Code **33067**

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 
Signature of officer or printed name of registered agent and title if applicable.

JEFFREY BURRVANO PRES.

4-26-03

(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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ **Delete**
NAME **BURRVANO, JEFFREY S**
STREET ADDRESS **5630 NW 80TH TERRACE**
CITY-ST-ZIP **PARKLAND FL 33067**

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

TITLE **D** ☐ **Delete**
NAME **CELESTE, CARL**
STREET ADDRESS **59 LISA DRIVE**
CITY-ST-ZIP **NORTH PORT NY 11768**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
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NAME
STREET ADDRESS
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY BURRVANO

Date

Daytime Phone #

954-931 1534

CR2E034 (10/02)