## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 20, 2001 8:00 am DOCUMENT # 221806. Secretary of State 1. Entity Name WINGATE AUTO PARTS & SALVAGE CORP 02-20-2001 90069 016 \*\*\*150.00 Mailing Address Principal Place of Business 1941 NE 188TH ST. 1941 NE 188TH ST. N. MIAMI BEACH FL 33179 N. MIAMI BEACH FL 33179 3. Mailing Address 2. Principal Place of Business COVET 3750 RIDGESIDE 17971 BISCAYNE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 104 Applied For City & State 4. FEI Number City & State 59-0800253 SUMANEE Not Applicable AVENTURA Country \$8.75 Additional Zip Country $\Box$ 5. Certificate of Status Desired 33160 Fee Required 0024 U SA usA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GOLD BERG ALAN TANNENBAUM, LORAINE O Box Number is Not Acceptable) BISCAYNE BLUD Street Address (P **#10**4 1941 NE 188TH ST. MIAMI BEACH FL 33179 AVENTURA 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. M GOLD BERG ALAN FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change DVS □ Delete TITLE TITLE TANNENHAUS, DORIS NAME NAME 19601 NE 24TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL Change ☐ Addition ☐ Delete TITLE TITLE NAME TANNENBAUM. LORRAINE NAME 3750 RIDGESIDE COURT STREET ADDRESS 1941 NE 188 ST STREET ADDRESS SUWANEE CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33179 Change ☐ Addition ☐ Detete TITLE TANNENBAUM, HERMAN NAME NAME COURT 3750 RIDGESIDE STREET ADDRESS STREET ADDRESS 1941 NE 188 ST. 30024 SUWANEE GA CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33179 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

CITY-ST-7IP

2/2/0

947-1100

Daytime Phone #