2000 UNIFORM BUSINESS REPORT (UBR) F07-18-2000 90089 049 *** 150 **DOCUMENT # 358793** 1. Entity Name ·00 JUL 31 PM 1:30--EXPRESSWAY TOYOTA, INC. SECRETARY OF STATE TABLAHASSEE, FLORIDA Principal Place of Business Mailing Address 150 N.W. 79TH AVE 150 N.W. 79TH AVE -MIAMI FL 33126-4012 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1283825 Not Applicable Zìp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KAHN, MARC A Street Address (P.O. Box Number is Not Acceptable) 8301 N W 7TH AVENUE MIAMI FL 33150 City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SPD TITLE ☐ Delete TITLE Addition HAME KAHN, MARC NAME CR2E034 STREET ADDRESS STREET ADDRESS 8301 N.W. 7TH AVE. CUTY-ST-71P City-St-ZIP MIAM! FL ☐ Change ☐ Addition Deleta TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP . Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Addition TITLE ☐ Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Addition □ Change TILE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP

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

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	of the report were all received on July
_	sixte, 2000. I phone d in when I
Н	received them and was instructed to use
-11	the first filing report, pay only the \$150.00,
	and include a hote with then.
Ш	Sorry for any incommence this may
111	have caused drey questions, please feel
Ш	ree to contact me @ (305) 26/2/8/ ext, 3/5
	Dillutaon
	DEFICE MGR
	EXPRESSIVAY TOYOTA, INC / TOYOTA MOTOR CENTER INC
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