2001 UNIFORM BUSINESS REPORT (UBR) Apr 27, 2001 8:00 am Secretary of State **DOCUMENT # 366683** 1. Entity Name TROPICAL CHEVROLET, INC. 04-27-2001 90345 010 ***150.00 Mailing Address Principal Place of Business **6880 BISCAYNE BLVD** 8880 BISCAYNE BLVD PO BOX 1497 PO BOX 1497 MIAMI FL 33138-0343 MIAMI FL 33138-0343 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State 59-1297497 City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FERDIE, AINSLEE R. Street Address (P.O. Box Number is Not Acceptable) 717 PONCE DE LEON BLVD. S-215 ---CORAL GABLES FL 33134 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. DATE (NOTE: Registered Agent signature required when reinstating) 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. Added to Fees 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 TITLE ☐ Delete TITLE WILDSTEIN, LARRY NAME NAME STREET ADDRESS 8880 BISCAYNE BLVD STREET ADDRESS CITY-ST-ZIP MIAMI FL 33138-0343 CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE WILDSTEIN, DIANE NAME NAME STREET ADDRESS STREET ADDRESS 8880 BISCAYNE BLVD CITY-ST-ZIP MIAMI FL 33138-0343 CITY-ST-7IP ☐ Change X Addition TITLE Delete TITLE WILDSTEIN, IAN NAME NAME 8880 BISCAYNE BLUD. STREET ADDRESS STREET ADDRESS ,FL, 33/38-0343 CITY-ST-ZIP MIRIN CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Change ☐ Delete TITLE

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.

NAME

TITLE

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLÉ

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURAND TYPED OF PRINTED

PRESIDENT

4/23/01

305-754-7851

Daytime Phone #

☐ Change

☐ Addition