2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 1 76425** Apr 29, 2000 8:00 am Secretary of State 1. Entity Name BROKERS AUTO PLAN, INC. 04-29-2000 90036 001 *4,950.00 Principal Place of Business Mailing Address C/O KENNETH A. GOTTLIEB C/O KENNETH A. GOTTLIEB 125 NORTH 46TH AVENUE 125 NORTH 46TH AVENUE HOLLYWOOD FL 33021-6601 HOLLYWOOD FL 33021-6601 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 City & State 65-0477128 Not Applicable Country \$8.75 Additional Zip Country Ζip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GOTTLIEB, KENNETH A. Street Address (P.O. Box Number is Not Acceptable) 125 NORTH 46TH AVENUE HOLLYWOOD FL 33021 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DP TITLE ☐ Change Addition Delete TITLE NAME NAME OLIVERI, ANGELO STREET ADDRESS STREET ADDRESS 35 PINELAWN RD. CITY-ST-ZIF CITY-ST-ZIP MELVILLE NY Addition TITLE ☐ Change □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

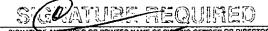
SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP



Delete

4/10/00

561-750-4477

Daytime Phone #

Change

Addition