2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P93000081263 May 09, 2000 8:00 am Secretary of State CENTURY MOTORS OF SOUTH FLORIDA, INC. 05-09-2000 90088 034 ***150.00 Principal Place of Business Mailing Address 4669 NORTH DIXIE HIGHWAY 4669 NORTH DIXIE HIGHWAY POMPANO BEACH FL 33064-4744 POMPANO BEACH FL 33064 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0451817 Not Applicable Country___ __Zip \$8.75 Additional 5. Certificate of Status Desired - -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FUZY, FRANK G Street Address (P.O. Box Number is Not Acceptable) **4669 NORTH DIXIE HIGHWAY** POMPANO BEACH FL 33064 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete TITLE NAME NAME FUZY, FRANK STREET ADDRESS STREET ADDRESS 3200 NE 57 CT CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Addition Change Delete TITLE NAME FUZY, GINA NAME STREET ADDRESS STREET ADDRESS 3200 NE 57 CT CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME GOODMAN, E. S NAME STREET ADDRESS STREET ADDRESS 2839 NE 26 CT CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE_FL ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STRFFT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 appaddress, with all other like empowered.

Davtime Phone #