

FILED
Feb 28, 2001 8:00 am
Secretary of State
02-28-2001 90028 048 ***150.00

1. Entity Name
PRESTIGE MOTOR CAR IMPORTS, INC.

| Principal Place of Business | Mailing Address |
|-------------------------------------------------|-------------------------------------------------|
| 14800 BISCAYNE BLVD. N. MIAMI BEACH FL 33181 | 14800 BISCAYNE BLVD. N. MIAMI BEACH FL 33181 |

| | |
|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|---------------------------------------|---------------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| Zip | Country | Zip | Country |
|-----|---------|-----|---------|
|-----|---------|-----|---------|

| | | |
|---------------|------------|----------------|
| 4. FEI Number | 59-1740606 | Applied For |
| | | Not Applicable |

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PACHAS, MARIA DRAKE
14800 BISCAYNE BLVD.
N. MIAMI BEACH FL 33181

| | |
|----------------------------------------------------|----------|
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| | |
| 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 Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

| | |
|-----|------------------------|
| 11. | OFFICERS AND DIRECTORS |
|-----|------------------------|

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | DAVID, IRV | |
| STREET ADDRESS | 14800 BISCAYNE BLVD. | |
| CITY-ST-ZIP | N MIAMI BCH. FL | |

| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-----------------|---------------------------------|-----------------------------------|
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | |
|-----------------|---------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|-----------------|-------------------------------------------------------------------|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | |
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| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| TITLE | <input type="checkbox"/> Delete |
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| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|-----------------|-------------------------------------------------------------------|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. I hereby certify that the information reported 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/01 305-947-1000

CR2E034 (10/00)