2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 493646** GARY FRONRATH CHEVROLET, INC.

FILED Apr 19, 2000 8:00 am Secretary of State 04-19-2000 90071 040 ***150.00

FT LAUDERDALE FL 33308			Mailing Address							
			4901 N FEDERAL HWY SUITE 350 FORT LAUDERDALE FL 33308-4613 US				I : COSIII D: DISC SOLED JULIO BIJIS DIDIO:	niin Albin Brāl	Ir Biali aiai r ai a	NI OKULI LOŽI
2. Principal Place of Business			3. Mailing Address							
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. FEI Number 59-1639226			<u> </u>	oplied For ot Applicable
Zip Country			Zip Country		try	5. (Certificate of Status Desired		\$8.75 Add	ditional
	6. Name and	Address of Current Re	alstered Agent			7. Name and Address of New Registered Agent				
-		_		-	Name	-				
	er, eric j ie 3rd st			Street Address (P.O. Box Number is Not Acceptable)						
	AUDERDALE F	L 33301								
					City			FL	Zip Code	e
8. The above	named entity su	bmits this statement for the	ne purpose of changing its	registere	ed office or registe	red ag	ent, or both, in the State of Flor	ida.		
	,									
SIGNATURE .	Control of the same	nted name of registered agent and	title of applicable (NOT	E. Booletore	d Agent signature require	d whon re	ainetating)	DATE		
	Signature, typed or pri	nted hame of registered agent and	T		···			DAIL		
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, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta			ite	10. Election Campaign Fina Trust Fund Contribution	~ -		May Be to Fees
11.		OFFICERS AND DI	RECTORS	12.	·	AC	DITIONS/CHANGES TO OFFIC	CERS AND	DIRECTORS	
TITLE	PD		☐ Delete	TITLE					☐ Change	☐ Addition
NAME	FRONRATH,			NAM						
STREET ADDRESS	1	RAL HWY #350			et address -st-zip					
CITY-ST-ZIP		DALE FL 33308							Change	Addition
TITLE NAME	VTD Dean, Roge	TD.	Delete	TITLE NAM					[""] Cuande	☐ Addition
STREET ADDRESS		Hobee Blvd			ET ADDRESS					
CITY-ST-ZIP	L .	CH FL 33409		CITY	-ST-ZIP					
TITLE	S	·	Delete	TITLE				 -	☐ Change	☐ Addition
NAME	WILLIAMS, B			NAM			•			-
STREET ADDRESS CITY-ST-ZIP	4901 N FEDE	RAL HWY #350			ET ADDRESS - ST- ZIP					
	FI LAUUERU	ALE FL 33308		_					Change	Addition
TITLE NAME			☐ Delete	TITLE					☐ Gliange	
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP	Ì			CITY	-ST-ZIP					
TITLE			☐ Delete	TITLE					☐ Change	Addition
NAME				NAM	l,					
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP	 				-ST-ZIP			_	Chance	□ Addition
TITLE	1		☐ Delete	TITLE					☐ Change	Addition \
NAME STREET ADDRESS				NAMI STRE	ET ADDRESS					
CITY-ST-ZIP					-ST-ZIP					
	certify that the inf	ormation supplied with the	nis filing does not qualify fo			ection	119 07(3)(i) Florida Statutes I	further cer	tify that the in	oformation
indicated	on this report or	supplemental report is tr	ue and accurate and that	ny signa	ture shall have the	same	119.07(3)(i), Florida Statutes. I legal effect as if made under o	ath; that I a	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.