

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 01, 2001 08:00 AM**

**Secretary of State**

**DOCUMENT # A29461**

1. Entity Name  
**BENGAL MOTOR COMPANY, LTD.**

Principal Place of Business 16800 NW 57TH AVENUE MIAMI FL 33015	Mailing Address 110 SE 6TH ST., 20TH FLOOR FT. LAUDERDALE FL 33301
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2985277</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324 US

**7. Name and Address of New Registered Agent**

Name  
**ROLLIN KENNETH B**

Street Address (P.O. Box Number is Not Acceptable)  
**110 SE 6TH STREET**

**20TH FLOOR**

City  
**FT. LAUDERDALE FL** Zip Code  
**33301**

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 **KENNETH B. ROLLIN** DATE **05/01/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. <b>1,500,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>1,500,000.00</b>
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**11. MAKE CHECK PAYABLE TO DEPT. OF STATE**  
**SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	
NAME	<b>BENGAL MOTORS, INC.</b>
STREET ADDRESS	<b>16800 NW 57TH AVENUE</b>
CITY-ST-ZIP	<b>MIAMI FL 33015</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **JONATHAN P. FERRANDO** VSD 05/01/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)