2000 UNIFORM BUSINESS REPORT (UBR)

Apr 12, 2000 08:00 AM DOCUMENT # F9900004906 1. Entity Name **Secretary of State** AUTONATION DODGE OF PEMBROKE PINES, INC. Principal Place of Business Mailing Address 110 S.E. 6TH STREET, 20TH FLOOR 110 S.E. 6TH STREET, 20TH FLOOR FORT LAUDERDALE FL FORT LAUDERDALE FL 33301 33301 2. Principal Place of Business 3. Mailing Address 13601 PINES BOULEVARD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For PEMBROKE PINES FL 65-0948962 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33027 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 Zip Code FL 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. 04/12/2000 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 After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change X Addition NAME NAME FERRANDO JONATHAN STREET ADDRESS STREET ADDRESS 110 S.E. 6TH STREET, 20TH FLOOR CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL. 33301 TITLE ☐ Delete TITLE X Change ☐ Addition NAME KATHLEEN W NAME HVLE BOURHIS MARC T. STREET ADDRESS 110 S.E. 6TH STREET, 20TH FLOOR STREET ACCRESS 110 S.E. 6TH STREET, 20TH FLOOR CITY-ST-ZIF FL 33301 FORT LAUDERDALE CITY-ST-7IP FORT LAUDERDALE FT. 33301 TITLE ☐ Delete TILE X Change ☐ Addition NAME HAWKINS THOMAS NAME FERRANDO JONATHAN STREET ADDRESS 110 S.E. 6TH STREET, 20TH FLOOR 110 S.E. 6TH STREET, 20TH FLOOR STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE 33301 CITY-ST-ZIP FORT LAUDERDALE 33301 TITLE VSD ☐ Defete TITLE D/VP X Change ☐ Addition NAME COLE FERRANDO **JAMES** O NAME JONATHAN P 110 S.E. 6TH STREET, 20TH FLOOR STREET ADDRESS STREET ADDRESS 110 S.E. 6TH STREET, 20TH FLOOR FORT LAUDERDALE CITY-ST-ZIP FORT LAUDERDALE 33301 FL. 33301 FL. CITY-ST-ZIP TITLE D/P ☐ Delete TITLE X Change ☐ Addition NAME MAROONE MICHAEL NAME MAROONE MICHAEL 110 S.E. 6TH STREET, 20TH FLOOR 110 S.E. 6TH STREET, 20TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL33301 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8

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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.

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