2001 UNIFORM BUSINESS REPORT (UBR) FILED May 05, 2001 8:00 am Secretary of State **DOCUMENT # K04939** 1. Entity, Name SOUTH FLORIDA AUTO SALES AND LEASING, INC. 05-05-2001 90634 001 *4,050.00 Principal Place of Business Mailing Address 1489 W PALMETTO PK RD 1489 W PALMETTO PK RD 40910 **BOCA RATON FL 33486 BOCA RATON FL 33486** US US 2. Principal Place of Business Mailing Address 46 AUC N HUC 17 125 46 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & Stat 65-0023469 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name GOTTLIEB, BRUCE M Street Address (P.O. Box Number is Not Acceptable) 125 NORTH 46 AVENUE HOLLYWOOD FL 33021 Zip Code City 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible. \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE NAME John Menaught OLIVERI, ANGELO NAME STREET ADDRESS 141 N.W. 20TH-STREET, SUITE H-1 125N 46AR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Holly wood Addition TITLE TITLE ST. AUBIN, ROBERT A. JR. NAME NAME 141 NW. 20TH STREET, SUITE H-1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL** ☐ Addition ☐ Change ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete 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

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.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01 561-750-4477 Daytime Phone #