2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 24, 2000 8:00 am Secretary of State DOCUMENT # K30641 1. Entity Name BEACH AUTOMOTIVE INC. 03-24-2000 90067 008 ***150.00 Mailing Address Principal Place of Business 1850 NE 123 ST 1850 NE 123 ST N. MIAMI FL 33181-2801 N. MIAMI FL 33181 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0066483 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PATHMAN, WAYNE M Street Address (P.O. Box Number is Not Acceptable) ONE BISCAYNE TOWER, SUITE 3660 2 SOUTH BISCAYNE BOULEVARD **MIAMI FL 33131** 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 DATE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. SD ☐ Delete TITLE TITLE POTAMKIN, ALAN H. NAME STREET ADDRESS STREET ADDRESS 16600 NW 57TH AVE CITY-ST-7IP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITI F TITLE POTAMKIN, ROBERT M. NAME NAME 16600 NW 57TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition ☐ Delete TITLE RIVERA, AURELIO NAME STREET ADDRESS 1850 N.E. 123RD ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAM! FL ☐ Change Addition AS ☐ Delete TITLE YUSKO, DAVID NAME NAME STREET ADDRESS 16600 N.W. 57TH AVE. STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TIT! F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 his deport 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

3/20/00

(305) 893-8000

Daytime Phone #