2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # K31684 Apr 03, 2000 8:00 am Secretary of State ALL SERVICE AUTO PLAZA, INC. 04-03-2000 90200 013 ***150.00 Principal Place of Business Mailing Address P.O. BOX 15728 2615 S LINIVERSITY DRIVE PLANTATION FL 33318-5728 DAVIE FL 33328 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0096114 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STELNIK, MARK E. Street Address (P.O. Box Number is Not Acceptable) 2615 S. UNIVERSITY DRIVE DAVIE FL 33328 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITI F TITLE STELNIK, MARK E. NAME NAME STREET ADDRESS 2615 S. UNIVERSITY DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE RAPPAPORT, MELBOURNE NAME NAME STREET ADDRESS 2615 S. UNIVERSITY DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE FL ☐ Change Addition TITLE ☐ Delete TITLE **GUTTERMAN, ROBERT** NAME NAME - -STREET ADDRESS 2615 S. UNIVERSITY DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHZEOS

954 474-2800