2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

VEHICLES & MACHINES LLC Of FEB - 2 PM 2: 12 Principal Place of Business Isse East All.ANTIC BLVD. SUITE 200 POMPAND BEACH FL 20000 Ccy & State Ccy & State Ccy &	DOCUMENT # L0000011336					FILED				
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6. Name and Address of New Registered Agent CARLTON MANAGAEMENT, INC. 1591 EAST ATLANTIC BLVD., SUITE 200 POMPANO BEACH FL 33060 Cay FL Zip Code 8. The above named ently submits this statement for the purpose of chenging its registered diffice or registered agent, or both, in the State of Florida. SIGNATURE SIGNATURE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS/MEMBERS FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES STRETA JORGS 9855 WESTVIEW OR. #227 COPY-ST-2P COPAL SPRINGS FL 33076 TILE NAME STRETA JORGS	Zip Country		Zip	Zip Country		Status Desired	\$5.00 Add	ditional	1	
CARLTON MANAGAMENT, INC. 1591 EAST ATLANTIC BLVD, SUITE 200 POMPANO BEACH FL 33060 City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or prized name of registered light are 1997 to approach. PFILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MGR All SYED, MEHBOOB SIREET ANDRESS OTY-51-2P TITLE MMGR MMGR MMGR All SYED, MEHBOOB SSIVEST MURBORS ANAME SIMET ANDRESS OTY-51-2P CORAL SPRINGS FL 33076 TITLE MMGR MGR MGR MGR MGR MGR MGR M		6. Name and Address of Current	Registered Agent	<u> </u>	7. Name and A	ddress of New Registe	<u> </u>	<u> </u>	+	
1591 EAST ATLANTIC BLVD., SUITE 200 POMPANO BEACH FL 33060 City FL Zip Code City F				Name					1	
POMPANO BEACH FL 33080 City FL Zip Code				Street Addre	irreet Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature Speed or prised name of registered agent and store if applicative. (PIOTE Registered Apent agents received when resnellating) DATE							.=-		1	
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11. 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 onth; that I am a managing member or manager of the										
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