2002 UNIFORM BUSINESS REPORT (UBR)

May 24, 2002 8:00 am Secretary of State DOCUMENT # L01000008793 04-16-2002 90084 035 ****50.00 1. Entity Name MAC AUTOMOTIVE USA LLC Principal Place of Business Mailing Address 85822 5779 NW 116 AVE. UNIT 103 5779 NW 116 AVE. UNIT 103 MIAMI FL 33178 MIAM! FL 33178 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable 65-1112462 Zip Country Country \$5.00 Additional 5._Certificate.of.Status.Desired __ [] Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GERSTEIN, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 1300 N.FEDERAL HIGHWAY SUITE 203 **BOCA RATON FL 33432** City Zip Code FI 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. (NOTE: Registered Agent signature required when reinstating) t and title if apolicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 9. 10. -ADDITIONS/CHANGES TITLE Delete MLE ☐ Change —☐ Addition CUADROS MONTTOYA, MARIOGERMAN NAME MARKE STREET ADDRESS 5779 NW 118 AVE. UNIT 103 STREET ADDRESS CITY-ST-7IP **MIAMI FL 33178** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP, CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deleie TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information sopplied with this tiling 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 occurred and that may signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the perferver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

REQUIRED

AME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Outs

Daytime Phone #

SIGNATURE:

FILED