2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 23, 2001 8:00 am Secretary of State **DOCUMENT # L28269** 1. Entity Name UNITED AUTOMOTIVE CORP. 04-23-2001 90007 027 ***150.00 Principal Place of Business Mailing Address 3650 NORTH 36TH AVE 3650 NORTH 36TH AVE HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 US US 2. Principal Place of Business 3. Mailing Address SUNITED AUTOMOTIVE, CORP. 2802 N. 46 AVE. - #B619 City & Slate UNITED AUTOMOTIVE, CORP. DO NOT WRITE IN THIS SPACE 2802 N. 46 AVE. - #B519 City HOLLYWOOD, FL 33021 Applied For 4. FEI Number 65-0162710 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 العامي سيحينيا فاراجيه ISRAEL, STANLEY E. Street Address (P.O. Box Number is Not Acceptable) 450 N PARK RD SUITE 805 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** 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADIMON MENCOSSPINI MATTERNO DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) 802 N. 48th Ave. #3619 🗆 Change ☐ Addition ☐ Delete TITLE TIT! F NATHAN, JOEL JOSEPH NAME Hollywood, FL 83021 NAME STREET ADDRESS STREET ADDRESS 3650 N 36TH AVE STE 64 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL Mr. & Mrs. Joseph Nathan 2602 M. 48th Ave. #8619 Change ☐ Addition TITLE ח □ Delete TITLE NAME NATHAN, WENDY NAME Hollywood, FL 83021 STREET ADDRESS 3650 NORTH 36TH AVE, #64 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL Change ☐ Addition TITLE TITI F □ Delete NAME NAME: STREET ADDRESS STREET ADDRESS C/TY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Change ☐ Addition TITLE TITLE

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 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01

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Daytime Phone i