

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 APR 27 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0000443 AF

DOCUMENT # M98000000588

1. Entity Name
MIAMI LAKES AUTOMOTIVE, L.L.C.

Principal Place of Business
**16600 N.W. 57TH AVENUE
MIAMI FL 33014**

Mailing Address
**2333 PONCE DE LEON BLVD., SUITE 600
CORAL GABLES FL 33134**



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 52-2097666 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|-----------|--|----------|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | | | |
| YUSKO, DAVID 3191 CORAL GABLES WAY, SUITE 1005 CORAL GABLES FL 33145 | | | | Name | | | | | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| | | | | City | | | | FL | | Zip Code | |
| | | | | | | | | | | | |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

| 9. MANAGING MEMBERS/MEMBERS | | | 10. ADDITIONS/CHANGES | | |
|-----------------------------|--|---------------------------------|-----------------------|------------------------------|---|
| TITLE NAME | MGRM PLANET AUTOMOTIVE GROUP, INC. | <input type="checkbox"/> Delete | TITLE NAME | 200004212000 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 2333 PONCE DE LEON BLVD., SUITE 600 | | STREET ADDRESS | -05/11/01--01088--019 | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | | CITY-ST-ZIP | *****50.00 *****50.00 | |
| TITLE NAME | | <input type="checkbox"/> Delete | TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete | TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete | TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete | TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

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 oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *David Yusko* **DAVID YUSKO, SECT.** Date: **4-24-01**

CR2E083 (11/00)