2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N98000005083 May 01, 2000 8:00 am Secretary of State 1. Entity Name UNITED AUTO GROUP SCHOLARSHIP FUND, INC. 05-01-2000 90456 013 ****61.25 Mailing Address Principal Place of Business 3909 NE 163 ST., STE, 304 3909 NE 163 ST., STE, 304 N. MIAMI BEACH FL 33160-4126 N. MIAMI BEACH FL 33160 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0860997 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) GRIMSLEY, CHARLES J ESQ. CHARLES J. GRIMSLEY & ASSOCIATES, P.A. **1880 BRICKELL AVENUE** City Zip Code **MIAMI FL 33129** 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition TITLE ☐ Delete TITLE NAME PARRILLO, JR, RICHARD STREET ADDRESS STREET ADDRESS 3909 NE 163RD ST STE 304 CITY-ST-ZIP CITY-ST-ZIP N MIAMI BCH FL 33160 TITLE ☐ Addition ☐ Delete TITLE NAME NAME PARRILLO, MICHAEL STREET ADDRESS STREET ADDRESS 3909 NE 163RD ST STE 304 CITY-ST-ZIP CITY-ST-ZIP N MIAMI BCH FL 33160 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME PARRILLO, BEAU NAME STREET ADDRESS STREET ADDRESS 3909 NE 163RD ST STE 304 CITY-ST-7/8 CITY-ST-ZIP N MIAMI BCH FL 33160 ☐ Change ☐ Addition ☐ Delete TITLE TITLE SD NAME NAME **GRIMSLEY, CHARLES J** STREET ADDRESS STREET ADDRESS 3909 NE 163RD ST STE 304 CITY-ST-ZIP CITY-ST-ZIP N MIAMI BCH FL 33160 Addition ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITI F ☐ Delete 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE OF PRINTED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayline Phone #