2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 09, 2001 8:00 am Secretary of State DOCUMENT # P00000013353 MONARCH DODGE EAST, INC. 02-09-2001 90244 019 ***158.75 Principal Place of Business Mailing Address 2000 NORTH STATE ROAD 7 2000 NORTH STATE ROAD 7 LAUDERDALE LAKES FL 33313 LAUDERDALE LAKES FL 33313 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 0980739 65-Not Applicable Zip Zip Country \$8.75 Additional ~5.≂Certificate of Status Desired BROWARD 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHARLES H. MILLER CHARLES H. MILLER SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 2000 NORTH STATE ROAD 7 2000 N. STATE RD 7 343-ALMERIA AVENUE LAUDERDALE LAKES CORAL GABLES FL 33134 FL 33313 CityLAVDERDALE Zip Code ろうろりろ 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 CHARLES H. MILLER 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 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE NAME HODOS, MARK NAME STREET ADDRESS 2000 NORTH STATE ROAD 7 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE LAKES FL 33313 TITLE ☐ Delete TITLE ☐ Addition Change NAME WOISTMAN, KENNETH NAME STREET ADDRESS 2000 NORTH STATE ROAD 7 STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES FL 33313 -CITY:-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition MILLER, CHARLES H NAME STREET ADDRESS 2000 NORTH STATE ROAD 7 STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP LAUDERDALE LAKES FL 33313 ☐ Defete 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 ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

CITY-ST-7IP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRLES H. MILLER