2002 UNIFORM BUSINESS REPORT (UBR)

Mar 05, 2002 8:00 am DOCUMENT # P00000013353 **Secretary of State** 1. Entity Name MONARCH DODGE EAST, INC. 03-05-2002 90137 035 ***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 Applied For City & State City & State 4. FEI Number 65-0980739 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHARLES H. MILLER Street Address (P.O. Box Number is Not Acceptable) 2000 NORTH STATE ROAD 7 LAVERDALE LAKES FL 33313 Zip Code City 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. ed agent and title if applicable. (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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) ☐ Addition Delete TITLE ☐ Change TITLE HODOS, MARK NAME NAME STREET ADDRESS 2000 NORTH STATE ROAD 7 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LAUDERDALE LAKES FL 33313 ☐ Change ☐ Addition □ Detete TITLE TITLE NAME NAME WOISTMAN, KENNETH STREET ADDRESS STREET ADDRESS 2000 NORTH STATE ROAD 7 CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE LAKES FL 33313 ☐ Change □ Addition ☐ Delete TITLE TITLE NAME MILLER, CHARLES H NAME STREET ADDRESS STREET ADDRESS 2000 NORTH STATE ROAD 7 CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE LAKES FL 33313 TITI F ☐ Delete TITLE Till Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change □ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address, with all of

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP