FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Mar 26, 2001 8:00 am DQCUMENT # P0000021545 Secretary of State GULF MOTORCARS 2000, INC. 03-26-2001 90161 010 \*\*\*150.00 Principal Place of Business Mailing Address 450 N.E. 27TH STREET 450 N.E. 27TH STREET POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State Applied For City & State 65 097 8501 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 4morc smikle, jumo d Street Address (P.O. Box Number is Not Acceptable) 450 N.E. 27TH STREET POMPANO BEACH FL 33064 NE 27 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 (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 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Addition TITLE Delete TITLE Change NAME NAME SMIKLE, JUMO D 450-ANE anst Pompano Beach STREET ADDRESS STREET ADDRESS 4040 N.W. 101ST DRIVE 3306 CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 Colosino, Vincent TITLE Delete TITLE NAME NAME CHUE, MARK W STREET ADDRESS STREET ADDRESS 7200 CUTLER COURT CITY-ST-ZIP CITY-ST-ZIP PARKLAND FL 33067 TITLE ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY - ST - ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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