2002 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2002 8:00 am Secretary of State P00000090571 DOCUMENT # 1. Entity Name 04-30-2002 90108 005 ***150 00 AUTOMOTIVE ELITE, INC. Mailing Address Principal Place of Business 5801 SOUTHWEST 54TH AVE 5801 SOUTHWEST 54TH AVE DAVIE FL 33314 DAVIE FL 33314 2. Principal Place of Business 3. Mailing Address Aleigh 51. 7714 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0772548 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired 33 o24 Fee Required UBA USA -7. Name and Address of New Registered Agent 6: Name and Address of Current Registered Agent michael MEARS, JOHN D Street Address (P.O. Box Number is Not Acceptable) RALeigh 5801 SOUTHWEST 54TH AVE **DAVIE FL 33314** Zip Code 330 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. owner FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change M Delete TITLE TITLE MEARS, JOHN D NAME NAME STREET ADDRESS 5801 SOUTHWEST 54TH AVE STREET ADDRESS CITY-ST-ZIP **DAVIE FL 33314** CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE D NAME LIMPER, MICHAEL D NAME STREET ADDRESS 7714 RALEIGH STREET STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33024 CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE NAME MEARS, ANNA M 🥕 NAME STREET ADDRESS STREET ADDRESS 5801 SW 54 AVE City-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33314 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME LIMPER, DIANE NAME STREET ADDRESS 7714 RALEIGH STREET STREET ADDRESS HOLLYWOOD FL 33024 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

FILED