## 2003 FOR PROFIT CORPORATION

## FILED Feb 17, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR Secretary of State P02000101119 DOCUMENT # 02-17-2003 90238 018 \*\*\*150.00 1. Entity Name CHOICE AUTO GROUP, INC. Mailing Address Principal Place of Business 5100 N FEDERAL HWY STE 409 5100 N FEDERAL HWY STE 409 FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308 3. Mailing Address 2. Principal Place of Business ☐ CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number Not Applicable City & State 01-0757215 City & State \$8.75 Additional Certificate of Status Desired Country Fee Required Country Zip 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LEGEL, LARRY 5100 N FEDERAL HWY STE 409 FT LAUDERDALE FL 33308 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. I am familiar with, and accept the obligations of registered agent. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. SIGNATURE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2003 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Make Check Payable to Florida Department of State 11. ★Addition OFFICERS AND DIRECTORS P.T.S 10. TITLE ☐ Delete TITLE NAME FERRIGNO, JEAN-LUC J STREET ADDRESS NAME 5100 N FEDERAL HWY STE 409 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33308 Addition Change CITY-ST-ZIP TITLE ☐ Delete TRUS TITLE. NAME LEGEL, LARRY STREET ADDRESS NAME 5100 N FEDERAL HWY STE 409 STREET ADDRESS CITY-ST-ZIP Change ☐ Addition FT LAUDERDALE FL 33308 CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP Addition ☐ Change CITY-ST-ZIP Delete STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP Addition ☐ Change CITY-ST-ZIP TITLE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Additio ☐ Change CITY-ST-ZIP TITLE ☐ Delete TITLE NAME STREET ADDRESS NAME

STREET ADDRESS 12. Thereby 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 10 or Block 11 is chaptered or on an attachment with an address with all other like empowered. CITY-ST-ZIP changed, or on an attachment with an addre

SIGNATURE: