FILED 2000 UNIFORM BUSINESS REPORT (UBR) Feb 08, 2000 8:00 am Secretary of State **DOCUMENT # P40273** 1. Entity Name ROLAR IMPORTS, LTD., INC. 02-08-2000 90131 025 ***150.00 Mailing Address Principal Place of Business 10 CUTTER MILL ROAD IQ CUTTER MILL ROAD GREAT NECK NY 11021 **GREAT NECK NY 11021-3201** AUU19476 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 11-2293683 Not ----Zip ' Country ____ \$8.75 Additional -Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LARDI, LISA Street Address (P.O. Box Number is Not Acceptable) **800 W AVE** 746 MIAMI BEACH FL 33139 City 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. SIGNATURE DATE Signature, typed or printed name of registered 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 7 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 11. DCP Change ☐ Defete TITLE TITLE LARDI, PAUL F. NAME NAME 8 JAEGGER DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP GLEN HEAD NY DVC ☐ Delete TITLE TITLE ROSENBERG, MARVIN J. NAME STREET ADDRESS STREET ADDRESS -35-WOODLAND-RD.-- ROSLYN NY CITY-ST-ZIP CITY-ST-ZIP **VPS** ☐ Delete TITLE TITLE ROSENBERG, MARVIN J. NAME STREET ADDRESS 35 WOODLAND RD. STREET ADDRESS CITY-ST-ZIP ROSLYN NY CITY-ST-ZIP ☐ Delete Change TITLE ROSENBERG, MARVIN J. NAME NAME STREET ADDRESS 35 WOODLAND RD. STREET ADDRESS CITY-ST-ZIP **ROSLYN NY** CITY-ST-ZIP ☐ Change \Box ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change \Box , TITLE 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 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TO ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAULF. LARDI

2/3/00 (516) 466-5