2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P93000017791 Apr 19, 2000 8:00 am Secretary of State NORBROOK MOTORS, INC. 04-19-2000 90044 010 ***150.00 Mailing Address Principal Place of Business 9940 SW 168 TERR 9940 SW 168 TERR MIAM! FL 33157-4329 MIAMI FL 33157 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0388884 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HUGH, ROBERT Street Address (P.O. Box Number is Not Acceptable) 9940 SW 168 TERR MIAMI FL 33157 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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, 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 12. 11. ☐ Addition Change TITLE ☐ Delete TITLE NAME HUGH, ROBERT NAME STREET ADDRESS 9940 SW 168 TERR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33157** ☐ Change Addition TITLE TITLE ☐ Delete NAME HUGH, FREDERICK MAMF STREET ADDRESS STREET ADDRESS 9940 SW 168 TERR CITY-ST-ZIE CITY-ST-ZIP **MIAMI FL 33157** Addition ☐ Change ☐ Delete TITLE TITLE NAME HUGH, KARL NAME STREET ADDRESS 9940 SW 168 TERR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33157 ☐ Change ☐ Addition ☐ Delete TITLE TITLE HUGH, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 9940 SW 168 TERR CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33157** ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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