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FILED

Sep 13, 2001 8:00 am Secretary of State

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2001 UNIFORM BUSINESS REPORT (UBR)

P94000077061

DOCUMENT #

DOLLAR INVESTMENT COMPANY

1. Entity Name

Principal Place of Business Mailing Address 17350 SW 46TH ST 17350 SW 46TH ST 00000400 FT-LAUDERDALE FL 33331 PT-LAUDERDALE FL 33331 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 NOT APPLICABLE Southwest ovenwast. Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent . Name DONNELLAN, J. JAMES III Street Address (P.O. Box Number is Not Acceptable) 1900 BRICKELL AVE **MIAMI FL 33129** 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) FILE NOW!!! FEE IS \$550.00 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 September 12, 2001 Fee will be \$750,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition CR2E034 (5/01) TITLE ☐ Delete TITLE Change DOLLAR, JOHN T NAME 17350 SW 46TH ST STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33331 CITY-ST-ZIP CITY-ST-ZIP Southwest Ranches, 76 33331 TITLE ☐ Delete TITLE DOLLAR, ROBERT J NAME NAME STREET ADDRESS 2909 S ANDREWS AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33316 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 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