2000 UNIFORM BUSINESS REPORT (UBR)

May 15, 2000 8:00 am Secretary of State DOCUMENT # **P95000091491** CAR PLAZA OF MIAMI, INC. 05-15-2000 90186 012 ***150.00 Mailing Address Principal Place of Business 8360 W. OAKLAND PARK BLVD., STE. 201 8360 W. OAKLAND PARK BLVD., STE. 201 SUNRISE FL 33351-7338 SUNRISE FL 33351 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0622101 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ARIE MREJEN, P.A. Street Address (P.O. Box Number is Not Acceptable) 701 W CYPRESS CREEK RD SUITE 302 FT LAUDERDALE FL 33309 Zip Code FL 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 Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (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 ☐ Delete TITLE TITLE KADOCH, DAVID NAME NAME 8360 W. OAKLAND PARK BLVD., STE. 201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP SUNRISE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE ZOUR, ISRAEL NAME NAME STREET ADDRESS 12700 N BISCAYNE BLVD., #202 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE TIROSH, ZIU NAME NAME 210 174TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N. MIAMI BEACH FL 33180 Delete ☐ Change ☐ Addition TITLE TITLE MCPHEE, FRANK NAME NAME 7700-HIGHLAND-CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARSETE FL 33063 CITY-ST-ZIP ンしゅ Addition TITLE TITLE ☐ Delete MENDIOLA, JOSE NAME NAME STREET ADDRESS 1431 SW 82ND AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ISRAIL ZOYR DIT

00 B414

(954) 749-2030

Daytime Phone #