FILED 2000 UNIFORM BUSINESS REPORT (UBR) Aug 15, 2000 8:00 am Secretary of State DOCUMENT # P96000025512 AUTO TITLE LOAN STORES, INC. 08-15-2000 90011 017 \*\*\*550.00 Principal Place of Business Mailing Address 19 WEST FLAGLER STREET 19 WEST FLAGLER STREET SUITE 602 SUITE 602 MIAMI FL 33130-4477 MIAMI FL 33130-4477 2. Principal Place of Business 3. Mailing Address Dixie Hwy 20302 S. Dixie 20302 S. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State Miami, A. 4. FEI Number City & State <del>65 0239298</del> Miami Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33/89 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Mickey Gofflieb HERSH, BRIAN R Street Address (P.O. Box Number is Not Acceptable) 19 WEST FLAGLER STREET SUITE 602 20302 S. Ditie Hwy MIAMI FL 33130-4477 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 (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 After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. П 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. ☐ Delete TITLE TITLE GOTTLIEB, MICKEY NAME NAME 20302 SOUTH DIXIE HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33189** SECRETARY
GALLANDER, MICHAEL
2030Z S. DIHE HWY M Change Addition ☐ Delete TITLE TITLE GOTTLIEB, MICKEY NAME NAME 20302 SOUTH DIXIE HIGHWAY STREET ADDRESS STREET ADDRESS MANUI, A 33189 CITY-ST-ZIP CITY-ST-ZIP MIAM! FL 33189 VICE-PRESIDENT **Addition** ☐ Change ☐ Delete TITLE NAME NAME COTELLESE, MICHAEL STREET ADDRESS STREET ADDRESS 20302 S. Dixie Huy CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZiP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE 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 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

SIGNATURE AND TYPED OR PRINCED NAME OF SIGN

SIGNATURE: