2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 03, 2001 8:00 am Secretary of State DOCUMENT # P96000078865 1. Entity Name BATESVILLE MOTOR CARS, INC. 04-03-2001 90030 044 ***150.00 Principal Place of Business Mailing Address 8330 Southwest 156 Street 8330 SOUTHWEST 156 STREET MIAMI FL 33157 MIAMI FL 33157 2. Principal Place of Business 3. Mailing Address 24950 SW 144 AYE 24950 SW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0709221 FL MIRMI MIAMI, FL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired SA 3303Z 33037 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FISHER, MILTON CPA Street Address (P.O. Box Number is Not Acceptable) 9449 OLD SOUTH DIXIE HIGHWAY MIAMI FL 33156 Zip Code City 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 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PSTD CR2E034 (10/00) TITLE Delete TITLE Addition LABUZAN, G. MARSHALL IV NAME NAME 24950 SW 144 AVE. 8330 SOUTHWEST 156 STREET STREET ADDRESS STREET ADDRESS MIAMI, FL. 33032 **MIAMI FL 33157** 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 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 reports 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachmen with an address, with public like empowered.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR