2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000062709 1. Entity Name MGR AUTO, INC. Principal Place of Business Mailing Address 1868 NORTHWEST 38 AVE 1868 NORTHWEST 38 AVE LAUDERHILL FL 33311 LAUDERHILL FL 33311

FILED May 08, 2002 8:00 am & Secretary of State 05-08-2002 90102 046 ***150.00



| 2. Principal Place of Business Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | | | | |
|--|--|---|--|---|--|---|
| The Charles of the Ch | Suite, Apt. #, etc. | | DO NOT WHIT | E IN THIS SE | PACE | |
| City & State | e *City & State → トンコ | किएक्टर जार क ट ील | 65-0768865 | ا محمد المحمد المحم المحمد المحمد | · · · | opplied For |
| Zip Country | Zip | Country | 5. Certificate of Status Desired | | 8.75 Acee Requir | dditional |
| 6. Name and Address of Current Re | gistered Agent | | 7. Name and Address of New Ro | | | eu |
| AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 | | Name | | | | <u> </u> |
| | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | City | | FL | Zip Cod | de |
| 8. The above named entity submits this statement for the SIGNATURE Signature, typed or printed name of registered agent and 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) | title if applicable. (NOTE FILE NOW! After May 1, 206 | E: Registered Agent signature requirements !! FEE IS \$150.00 22 Fee will be \$550.00 tle to Department of S | lired when reinstating) 10. Election Campaign Fina | DATE | | 00 May Be |
| 11. OFFICERS AND DIF | RECTORS | 12. | ADDITIONS/CHANGES TO OFFIC | CERS AND D | IRECTOR | S IN 11 |
| TITLE PD NAME ENNIS, MARVIN STREET ADDRESS CITY_ST_ZIPLAUDERHILL_FL_3331.1 | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition |
| TITLE VP NAME STREET ADDRESS CITY-ST-ZIP LAUDERHILL FL 33311 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | - <u>-</u> - | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |] Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | Change | Addition |
| ITITLE IAME STREET AODRESS ITY-ST-ZIP | ☐ Defete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Ę | |] Change | Addition |
| ITLE | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <u>,</u> C | Change | Addition |
| I hereby certify that the information supplied with this indicated on this report or supplemental report is true of the corporation or the receiver or trustee empower changed, or on an attachment with an address; with | filing does not qualify for to and accurate and that my ed to execute this report a afficitive empowered. | he exemption stated in S signature shall have the s required by Chapter 60 | ection 119.07(3)(i), Florida Statutes. I fu same legal effect as if made under oat 7, Florida Statutes: and that my name a | rther certify h; that I am a ppears in Bl | that the in an officer ock 11 or | formation or director Block 12 if |

SIGNATURE:

SIGNATURE AND TYPED OR PUNTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/02 954-486-044 0