2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000072433 1. Entity Name EXOTIC CAR LEASING INC.				FILED May 10, 2000 8:00 am
Biono	di .			Secretary of State 05-10-2000 90139 029 ***150.00
Principal Place	e of Business	Mailing Address		
1600 SE 15 ST #414 FT LAUDERDALE FL 33316		1600 SE 15 ST #414 FT LAUDERDALE FL 33316-2721		· · · .
2. Principal Place of Business 1841 N.E. 59th Ct.		3. Mailing Address 1841 N.E., 59th Ct.		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
Fort Conderdale, Florida		City & State Fort Conductor, Florida		4. FEI Number 65-0781021 Applied For Not Applicable
Zip 3331		Zip COL	intry	5. Certificate of Status Desired
	6. Name and Address of Current R	egistered Agent	Name	7. Name and Address of New Registered Agent
BROCKERMAN, ROBERT 1600 SE 15 ST #414 FT LAUDERDALE FL 33316		Street Address (P.O. Box Number is Not Acceptable) N.E. 5900 Lauchelle Lauchelle TL Zip Code 333207
8. The above named entry submits this systement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.				
SIGNATURE	Signature, typed or printed earlie of registered agent an		ered office of register	4/29/200
Tax filing requirement and elects to do so. After MAY			E IS \$150.00 e will be \$550.00 Department of Sta	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
11.	OFFICERS AND D			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BROCKERMAN, ROBERT 1600 SE 15TH STREET FT LAUDERDALE FL 33316	NA ST	TLE MME REET ADDRESS TY-ST-ZIP	541 N.E. 59th Ct. Fort Combable, Fl. 3330}
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BROCKERMAN, ROBIN 1600 SE 15TH STREET FT LAUDERDALE FL 33316	. NA St	TLE AME REET ADDRESS / S TY-ST-ZIP	Change Addition Tyl N.E. 59+6 CF1 Fort Change Addition
TITLE NAME STREET ADDRESS* CITY-ST-ZIP		NA ST	ile Ime Reet address	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NA ST	TLE AME REET ADDRESS TY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		AA :	TLE AME REET ADDRESS TY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NA ST	TLE AME TREET ADDRESS TY-ST-ZIP	☐ Change ☐ Addition
indicated of the cor	on this report or cumplemental report is	true and accurate and that my sign wered to execute this report as req	sature chall have the :	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 11 or Block 12 if