2000 UNIFORM BUSINESS REPORT (UBR)

4/2

May 18, 2000 8:00 am Secretary of State

DOCUMENT # P97000088621 KAR PROPERTY HOLDINGS, INC. 04-28-2000 90034 013 ***150.00 Principal Place of Business Mailing Address 13930 NW 60TH AVE. 13930 NW 60TH AVE. MIAM) LAKES FL 33014 MIAMI LAKES FL 33014-3127 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State NOT APPLICABLE Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.- Name and Address of New Registered Agent Sidney DAVIDSON, MARVIN-Address (P.O. Box Number is Not Acceptable) NW 13930 NW 60TH AVE. MIAMI LAKES FL-33014 City Miami laker. 8. The above named entity subtrains this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eliqible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. ☐ Change ☐ Addition **CDPS** ☐ Detete TITLE TITLE NAME NAME LEVY, SIDNEY STREET ADDRESS STREET ADDRESS 13930 NW 60 AVE CITY-ST-ZIP CITY-ST-ZIF MIAMI LAKES FL 33014 Delete ☐ Change Addition TITLE TITLE NAME NAME DAVIDSON, MARVIN-P STREET ADDRESS STREET ADDRESS 13930 NW 60 AVE CITY-ST-ZIP CITY-ST-ZIF miami lakes fl 33014 TITLE Delete ___ ☐ Change A AMERICA NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP _ ... ☐ Change ☐ Delete TITLE TITE F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change \Box . DILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 informatic 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 direction 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 1 changed, or on an attachment with an appears, with all other like empowered.

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3-14-2000