FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAR 19 PM 3:58

DOCUMENT # P97000099628

1. Entity Name

ASSOCIATED AUTOMOTIVE GROUP INCORPORATED

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2600 S. Federal Hwy.	2600 S. Federal Hwy.
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Delray Beach, FL	City & State: Delray Beach, FL
Zip: 33483 Country: U.S.	Zip: 33483 Country: U.S.

4. FEI Number: 65-0816177 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: David Jacoby

Street Address (P.O. Box Number is Not Acceptable):

2600 S. Federal Highway

City: Delray Beach FL Zip Code: 33483

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: _____ 3/11/02

Signature, typed or printed name of registered agent and date as required (NOTE: Registered Agent's signature required in all cases) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so (See criteria on Back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE C/P/CEO NAME Barry Tenzer STREET ADDRESS 2600 S. Federal Highway CITY-ST-ZIP ~~Delray Beach, FL 33483~~	TITLE NAME STREET ADDRESS CITY-ST-ZIP 700005135477--0 -03/13/02--01052--003 ****228.75 ****150.00
TITLE D/VP NAME David Jacoby STREET ADDRESS 2600 S. Federal Highway CITY-ST-ZIP Delray Beach, FL 33483	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME William Weisman STREET ADDRESS 2600 S. Federal Highway CITY-ST-ZIP Delray Beach, FL 33484	TITLE NAME STREET ADDRESS CITY-ST-ZIP **DO NOT WRITE IN THIS SPACE**
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

BY: David Jacoby, VP 561-279-8700

SIGNATURE: _____ 3-11-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FF $50.00