2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P98000008532** Feb 15, 2000 8:00 am 1. Entity Name **Secretary of State** AMERICAN TRANSPORT SALES, INC. 02-15-2000 90017 045 ***150.00 TY: 1241 7 Mailing Address Principal Place of Business 3740 NE 25 AVE 3740 NE 25 AVE LIGHTHOUSE POINT FL 33064 LIGHTHOUSE POINT FL 33064-8032 ប្រជាជាមន្ទាធាន 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0813803 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MICHEL O. WEISZ, P.A. Street Address (P.O. Box Number is Not Acceptable) 901 PONCE DE LEON BLVD SUITE 601 CORAL GABLES FL 33134 Zip Code 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ್ಷಾ (See criteria on back)) ್ರೀ «Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS' 12. 11. ☐ Addition ☐ Change TITLE □ Delete BARKAN, KIM A NAME STREET ADDRESS STREET ADDRESS 3740 NE 25 AVE CITY-ST-ZIP CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 ☐ Delete TSD ☐ Change Addition TITLE NAME JOHNSON, PETE NAME STREET ADDRESS STREET ADDRESS 3740 NE 25 AVE CITY-ST-ZIP CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-00

954-781-5989