## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000018889 1. Entity Name FLAMINGO FORD, INC. Principal Place of Business Mailing Address 8655 PINES BLVD 30725 S. FEDERAL HWY HOMESTEAD FL 33030 PEMBROKE PINES FL 33024

## FILED May 05, 2001 8:00 am Secretary of State

05-05-2001 90823 023 \*\*\*150.00

2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FE! Number City & State City & State 59-3501408 Not Applicable \$8.75 Additional Zip Country 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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 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 DATE (NOTE: Registered Agent signature required when reinstating) 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. K Change ☐ Addition PRESIDENT K) Delete TITLE D Scott L. Thompson NAME NAME\_ CARROLL, JAMES S STREET ADDRESS 950 Echo Lane, Suite 100 STREET ADDRESS 8655 PINES BLVD CITY-ST-ZIP Houston, TX 77024 CITY-ST-ZIP PEMBROKE PINES FL 33024 VICE PRESIDENT Change ☐ Addition X Delete TITLE TITLE > NAME H. Clifford Buster, III THOMPSON, SCOTT L NAME STREET ADDRESS 950 Echo Lane, Suite 100 STREET ADDRESS 950 ECHO LANE, SUITE 350 CITY-ST-ZIP Houston, TX 77024 CITY-ST-ZIP HOUSTON TX 77024 ★ Change ☐ Addition TITLE SECRETARY X Delete Mary Jo Trybend NAME TODARO, FRANK R NAME STREET ADDRESS 950 Echo Lane, Suite 100 STREET ADDRESS 950 ECHO LANE, SUITE 350 CITY-ST-ZIP Houston, TX 77024 CITY-ST-ZIP **HOUSTON TX 77024** ASSISTANT SECRETARY ☐ Addition X Change X Delete TITLE TITLE John M. Moore NAME NAME STREET ADDRESS 8655 Pines Boulevard STREET ADDRESS CITY-ST-ZIP Pembroke Pines, FL CITY-ST-ZIP ASSISTANT SECRETARY X Change ☐ Addition TITI F ☐ Delete TITLE NAME J. Br∞ks O'Hara NAME 950 Echo Lane, Suite 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Houston, TX 77024 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR