2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 27, 2001 8:00 am Secretary of State DOCUMENT # P98000024816 AIRPORT AUTO TITLE LOAN, INC. 02-27-2001 90001 016 ***158.75 Mailing Address Principal Place of Business 835 NW 42ND AVENUE 835 NW 42ND AVENUE **MIAMI FL 33126** 12622000 MIAM! FL 33126 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0821667 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required -Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KORNFELD, HARVEY Street Address (P.O. Box Number is Not Acceptable) 835 NW 42ND AVENUE **MIAMI FL 33126** 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) 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 \$5.00 May Be 10. Election Campaign Financing 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. Change Addition n ☐ Delete TITLE TITLE KORNFELD, HARVEY NAME STREET ADDRESS STREET ADDRESS 835 NW 42ND AVENUE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33126** Change ☐ Addition TITLE ☐ 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 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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-ind 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 employeered to execute this report as equired 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 of the corporation of the

SIGNATURE:

2-20-0/ 305 6 43 - 46 53

Date Davison Phone #