2001 UNIFORM BUSINESS REPORT (UBR)

May 15, 2001 8:00 am DOCUMENT # **P98000040553** Secretary of State 1. Entity Name 05-15-2001 90006 041 ***150.00 CARS & MORE, INC. Principal Place of Business Mailing Address 2800 E COMMERCIAL BLVD 2800 E COMMERCIAL BLVD いりまましゃ STE 208 FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0836035 Not Applicable Zip Country Zip 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 KATZ, ALLEN H Street Address (P.O. Box Number is Not Acceptable) 2800 E COMMERCIAL BLVD **STE 208** FT. LAUDERDALE FL 33308 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 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 12. 11. ☐ Addition DVP TITLE ☐ Delete TITLE NAME REICH, THOMAS NAME STREET ADDRESS STREET ADDRESS 1407 BANYAN CIRCLE CITY-ST-ZIP CITY-ST-ZIP POMPANO BCH FL 33069 Change ■ Addition ☐ Delete TITLE TITI F NAME EINSTEIN, MARTIN STREET ADDRESS STREET ADDRESS 2919 E. COMMERCIAL BLVD., STE. A CITY-ST-ZIP CITY-ST-ZIE FT. LAUDERDALE FL 33308 . Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\ 4/29/204

954/351-1255