2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P98000079556_ Apr 24, 2001 8:00 am Secretary of State THE AUTO BOUTIQUE, INC. 04-24-2001 90298 016 ***150.00 Principal Place of Business Mailing Address 2931 S.W. 87TH TERRACE. #1923 2931 S.W. 87TH TERRACE, #1923 FT. LAUDERDALE FL 33328 FT. LAUDERDALE FL 33328 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0867629 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOWELL, BOB J Street Address (P.O. Box Number is Not Acceptable) 4801 S. UNIVERSITY DR., STE. 265 DAVIE FL 33328 City 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 oLO ☐ Addition Change TITLE ☐ Delete TITLE FERRAIULOE, JOHN V NAME NAME STREET ADDRESS 2931 SW 87 TERR #1923 STREET ADDRESS CITY-ST-ZIP DAVIE FL 33328 CITY-ST-7IP ☐ Delete Change Addition TITLE TITLE FERRAIUOLO, CAROLINE NAME 2931 SW 87 TERR #1923 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAVIE FL 33328 CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME

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 a address, with all other like empowered. 13. I hereby certify that the information supplied with this filing

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Ferrainolo 4/18/0) 154-452-9073