## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED DOCUMENT # P9900001886 Mar 12, 2001 8:00 am SIX STAR AUTO, INC. **Secretary of State** 03-12-2001 90485 024 \*\*\*150.00 Mailing Address Principal Place of Business 7962 NW 51ST CT. 7962 NW 51ST CT. LAUDERHILL FL 33351 LAUDERHILL FL 33351 2. Principal Place of Business 3. Mailing Address 1962 NW 21 CH. W. LINTON DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. BAY City & State City & State 4. FEI Number Applied For 65-0928454 BEACH FL FUNDERHIFL Delray Not Applicable Country BEACH Country Zip \$8.75 Additional 5. Certificate of Status Desired Brow ARD. MIN 33321 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARRY WEISSBLATT HOWARD, WILLIAM M Street Address (P.O. Box Number is Not Acceptable) 2 S. UNIVERSITY DR., STE. 280 PLANTATION FL 33324 7962 NW 21 Ct. 2.888<sup>Zip</sup>S AUDTRHILL 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) 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 (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Delete ☐ Change ☐ Addition TITLE TITLE WEISSBLATT, BARRY NAME STREET ADDRESS 7962 NW 51ST CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33251 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME **BROWN, GARY** NAME STREET ADDRESS STREET ADDRESS 8437 FOREST HILLS DR. CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Delete TITLE Change ☐ Addition TITI F 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-7IP Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ 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.