2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000042607 May 16, 2000 8:00 am Secretary of State 1. Entity Name THE CAR LOCATOR & BUYER, INC. 05-16-2000 90029 012 ***150.00 Principal Place of Business Mailing Address 3521 Northwest 115 Terrace the same Sunrise, Florida 33323 R8888000 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 65-0918468 City & State Applied For Not Applicable Z'n Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Spiegel-&-Utrera,-P:A: 343 Almeria Avenue Street Address (P.O. Box Number is Not Acceptable) Coral Gables, Florida 33134 C(t)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 Floridal 3 gnature its ted or or rited name of registered agent and title if applicable (NOTE Registered Agent's gnature required when reinstating) SafE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tak filling requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 \$5.00 May Be (See criter alon back) Trust Fund Contribution. Addec to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PSTD Delete 767.E Change □ Applica 14.5 Wright, Joyce M MANE HINGE ADDRESS 3521 Northwest 115 Terrace STREET ADDRESS -- \$7-<u>2</u>,p Sunrise, Florida 33323 City-St-Zia ☐ Defete 1015 Change ☐ 4ddition MAME LLT 400RESS STREET ADDRESS \$7.710 CITY-ST-2P υĒ ☐ Delete TITLE ☐ Change 🗌 Арфиол NAME LLT #JDRESS STREET ADDRESS ۹:۲-۲:۶ CIT : - \$7 - 3 - 2 Delete TITLE. ☐ Change 🔲 Azdition MAME _U14CDRESS STREET ADDRESS ET-Z:P CITY-ST-ZP ☐ Delete TITLE Acation 1 _UT +CORESS STREET ADDRESS CITY-ST-ZIP ☐ Delete TI7. 5 ☐ Change Addition NAME 400RESS STREET ACCRESS ET-ZIP CITY-ST-ZIP I nereby certify that the information supplied with this filling 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 occupant of 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 8 cck 12 if chapter 607.

Joyce M. Wright

SIGNATURE AND TYPED OR PRINTED NAME OF SKNING OFFICER OR DIRECTOR

GNATURE: