2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000050880** Feb 20, 2000 8:00 am **Secretary of State** ASSOCIATED DEALERS MARKETING CORP. 02-20-2000 90002 045 ***150.00 Principal Place of Business Mailing Address 2300 N SR 7 2300 N SR 7 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name --DAVIS, ROGER B Street Address (P.O. Box Number is Not Acceptable) 20451 NW 2 AVE STE 101 **MIAMI FL 33169** 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** 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, 2000 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 TITLE ☐ Delete TITLE NAME WEINBERG, MICHAEL J NAME STREET ADDRESS STREET ADDRESS 2430 W OAKLAND PARK BLVD CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33310 Change ☐ Addition ☐ Delete TITLE TITLE NAME ADLER, ANDREW G NAME STREET ADDRESS STREET ADDRESS 2300 N SR 7 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME ALTOMARE, ROBERT G NAME STREET ADDRESS STREET ADDRESS 1841 N SR 7 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 Change ☐ Addition ☐ Delete TITLE TADDEO, PAUL NAME STREET ADDRESS STREET ADDRESS 1841 N SR 7 CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete ☐ Change Addition TITLE 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 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 the empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR