

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000083886**

1. Entity Name

**E-Z AUTO & TRUCK PLAZA, INC.****FILED****Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90306 049 \*\*\*150.00

Principal Place of Business  
1325 S. STATE RD. 7  
FT. LAUDERDALE FL 33317

Mailing Address  
1325 S. STATE RD. 7  
FT. LAUDERDALE FL 33317

00000000



DO NOT WRITE IN THIS SPACE

|                                                           |         |                                                        |         |
|-----------------------------------------------------------|---------|--------------------------------------------------------|---------|
| 2. Principal Place of Business                            |         | 3. Mailing Address                                     |         |
| Suite, Apt. #, etc.                                       |         | Suite, Apt. #, etc.                                    |         |
| City & State                                              |         | City & State                                           |         |
| Zip                                                       | Country | Zip                                                    | Country |
| 4. FEI Number 65-0953132                                  |         | Applied For<br><input type="checkbox"/> Not Applicable |         |
| 5. Certificate of Status Desired <input type="checkbox"/> |         | \$8.75 Additional Fee Required                         |         |

|                                                                        |  |                                                                                   |  |
|------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent                        |  | 7. Name and Address of New Registered Agent                                       |  |
| CHARLES J. GOLDMAN, P.A.<br>601 SO. FEDERAL HWY.<br>HOLLYWOOD FL 33020 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL 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

(NOTE: Registered Agent signature required when re-registering)

DATE

|                                                                                                                                                       |                                                                                                                                         |                                                                                   |                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------|

| 11. OFFICERS AND DIRECTORS                     |                                                                                                                      | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                                                  |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LAFEVER, DEBORAH<br>2445 S.W. 18TH TERR.<br>FT. LAUDERDALE FL 33315 <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | SECRETARY / TREASURER<br>RACHAEL THOMAS<br>7982 LASALLE BLVD.<br>MIRAMAR, FL. 33023 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BARRIENTO, ROBERT<br>2445 S.W. 18TH TERR.<br>FT. LAUDERDALE FL 33315 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>PIERRE, JEANNOT<br>7982 LASALLE BLVD. (7982)<br>MIRAMAR FL 33023 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DEBITUS, LUCIUS<br>180 N.E. 132ND TERR.<br>MIAMI FL 33168 <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DEBITUS, ROSNA<br>180 N.E. 132ND TERR.<br>MIAMI FL 33168 <input type="checkbox"/> Delete                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                |

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 reports 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 or other like empowered.

SIGNATURE:

Rachael Thomas

Rachel Thomas 2-1-01 954-444-3773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)