2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P99000090275 May 24, 2000 8:00 am 1. Entity Name Secretary of State ROUTE USA 66 AUTO SALES INC. 04-27-2000 90124 037 ***150.00 Principal Place of Business Mailing Address 1989 NW. 7TH AVE-1953 NW. 7TH AVE. MIAMIL FE 93136-1107 MIAMI FL 33136 2534 ROOSEVELTSA. HOLLYWOOD, FL. 33020 3. Mailing Address 2534 ROOSE 2. Principal Place of Business 953 NW TO AVE. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 650957783 FLORIDA Not Applicable ILAMI \$8.75 Additional Country 5. Certificate of Status Desired ROWARI 3020 DADE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **GUTIERREZ, TITO** Street Address (P.O. Box Number is Not Acceptable) 2534 ROOSEVELT ST. HOLLYWOOD FL 33020 Zip Code City 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 hiterial applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 11. 12 ☐ Addition CR2E034 (9/99 PRESIDENT ☐ Delete TITLE ☐ Change TITLE TITO GUTIERREZ NAME NAME 2534ROOSEVELT St. STREET ADDRESS STREET ADDRESS HOLLYWOOD, FL. 33020 CITY-ST-ZIP CITY-ST-ZIP SECRETARY & TREASURER SECRETARY & TREASURER ☐ Addition ☐ Delete TITLE Change MONICA GUTIERREZ 2534 RUDSEVELTST NAME NAME MONICA BURK 2534 ROOSEVELT St. 40LLYWOOD, FL. 33020 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP CITY-ST-ZIP OLLYWOOD, Change - Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition TIZI F Defete DILE 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 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 turther 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.