## 2000 UNIFORM BUSINESS REPORT (UBR)

## RHED Jul 24, 2000 8:00 am DOCUMENT # **P99000093451** 1. Entity Name **Secretary of State** COOL CARS USA, INC. 07-24-2000 90006 044 \*\*\*150.00 Principal Place of Business Mailing Address 1190 S. DIXIE HWY 1190 S. DIXIE HWY SUITE 4 POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 2. Principal Place of Business 3. Mailing Address IGN S. DIX DO NOT WRITE IN THIS SPACE WAREHOUS Applied For ity & State 4. FEI Number -045/8332 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 060 Browned Fee Required (browned 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 116N017 ANDREW MIGNOTT, ANDREW Street Address (P.O. Box Number is Not Acceptable) 9701 NW 18TH CT. PLANTATION FL 33322 , et ch 9201 N.W. 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 it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min, will be \$750.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 LUSIO UNIT TITI F ☐ Change ☐ Addition TITLE Delete NAME NAME MI COUNTY STREET ANDRESS STREET ADDRESS CITY-ST-ZIP City-ST-7IP ☐ Addition Change TITLE Delete TITLE 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-ZIP ☐ Delete TITLE Change Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P9900093451 (Allacameses) DUV12978 Ian paying \$1.50 % as Hold to by your officie Bercare use did not get the first notici It you need to you may cal mos at 954 612 1223

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