## 2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee empowered to execute this changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## FILED Apr 20, 2000 8:00 am Secretary of State DOCUMENT # **P99000105900** 1. Entity Name RM MOTORS, INC. 04-20-2000 90052 010 \*\*\*150.00 Principal Place of Business Mailing Address 888 EAST LAS OLAS BLVD., SUITE 700 888 EAST LAS OLAS BLVD., SUITE 700 FT LAUDERDALE FL 33301 FT LAUDEBDALE FL 33301 2. Principal Place of Business 3. Mailing Address 829 N.E 1 ST Ave # 1 + 2 + 1 + 2 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State Applied For LAINERDALE Lauderdale - 0972411 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired U< Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SINGER, BERNARD A Street Address (P.O. Box Number is Not Acceptable) 4925 SHERIDAN STREET SUITE A HOLLYWOOD FL 33021 City 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 reinstating) 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, Hink, Robert J DPST ☐ Addition TITLE ☐ Defete HINK, ROBERT J 829 NE 1 T Ave # 1 \$2 NAME STREET ADDRESS 888 EAST LAS OLAS BLVD., SUITE 700 STREET ADDRESS CITY-ST-78P CITY-ST-ZIP FT LAUDERDALE FL 33301 Change ☐ Addition TITLE TITLE Delete Kaminski, Michael NAME NAME 888 EAST LAS OLAS BLVD., SUITE 700 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT LAUDERDALE FL 33301 Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change [ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby 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 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

ING OFFICER OR DIRECTOR