2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P96000081710 Jan 26, 2000 8:00 am 1. Entity Name **Secretary of State** BECCO INC. 01-26-2000 90002 005 ***150.00 Principal Place of Business Mailing Address 747 CHESTNUT RIDGE ROAD 747 CHESTNUT RIDGE ROAD SUITE 200 SUITE 200 SPRING VALLEY NY 10977 SPRING VALLEY NY 10977-6225 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 13-3631244 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SOUTHEAST AUTOMOTIVE ACQUISITION CORP. Street Address (P.O. Box Number is Not Acceptable) 7500 NW 77TH TERRACE MIAMI FL 33166 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, 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE □ Defete TITLE NAME ROTHSCHILD, STEVEN B STREET ADDRESS STREET ADDRESS 747 CHESTNUT RIDGE RD CITY-ST-ZIP CITY-ST-ZIP SPRING VALLEY NY ☐ Addition Change TITLE TITLE ☐ Delete NAME NAME Weldler, Harry STREET ADDRESS STREET ADDRESS 747 CHESTNUT RIDGE RD CITY-ST-ZIP CITY-ST-ZIP SPRING VALLEY NY - Change Addition . Delete -TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITL F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

Daytime Phone #