

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002220

1. Entity Name
FLEETWATCH USA, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 19 PM 4:29

Principal Place of Business
6900 SOUTHWEST 88 STREET, SUITE A-103
MIAMI FL 33156

Mailing Address
6900 SOUTHWEST 88 STREET, SUITE A-103
MIAMI FL 33156-1540



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 650912940 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| SPEIGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 | | Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

| 9. MANAGING MEMBERS/MEMBERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR POSADAS, DANILO E 6900 SW 88 ST., STE A-103 MIAMI FL 33156 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 100003300191--7 06/22/00 01004-009 *****50.00 *****50.00 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR BISNAR, ELVIRA P 6900 SW 88 ST., STE A-103 MIAMI FL 33156 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR BISNAR, PEDRO 6900 SW 88 ST., STE A-103 MIAMI FL 33156 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR POSADAS, AUDI E 6900 SW 88 ST., STE A-103 MIAMI FL 33156 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR POSADAS, RAQUEL 6900 SW 88 ST., STE A-103 MIAMI FL 33156 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR POSADAS, GLADYS E 6900 SW 88 ST., STE A-103 MIAMI FL 33156 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4-28-00 (305) 661-3364
Date Daytime Phone #

CR2E083 (9/99)