2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State
03-20-2001 90012 041 ***150.00

DOCUMENT # P96000092475

1. Entity Name
AUTODREAMS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
5585 N.W. 74 AVENUE MIAMI FL 33166	5585 N.W. 74 AVENUE MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
4111 S.W. 47 AVENUE		4111 S.W. 47 AVENUE	
Suite, Apt. #, etc. SUITE 325		Suite, Apt. #, etc. SUITE 325	
City & State DAVIE, FL		City & State DAVIE, FL	
Zip 33314	Country	Zip 33314	Country

4. FEI Number 65-0775025 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOTOPOULOS, GEORGIOS
5585 N.W. 74 AVENUE
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name FOTOPOULOS, GEORGIOS
Street Address (P.O. Box Number is Not Acceptable)
4111 SW 47TH AVENUE - SUITE 325
City DAVIE FL Zip Code 33314

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] (GEORGIOS FOTOPOULOS, President 2/22/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FOTOPOULOS, GEORGIOS 5585 N.W. 74 AVENUE MIAMI FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FOTOPOULOS, GEORGIOS 4111 SW 47 AVENUE - SUITE 325 DAVIE, FL 33314	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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 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.

SIGNATURE: [signature] (GEORGIOS FOTOPOULOS) 2/22/2001 954-792-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #