

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90029 012 ***150.00

00091888

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000042607 ✓
 1. Entity Name
THE CAR LOCATOR & BUYER, INC. ✓

Principal Place of Business Mailing Address
 3521 Northwest 115 Terrace the same
 Sunrise, Florida 33323

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 **65-0918468** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~Spiegel & Utrera, P.A.~~
 343 Almeria Avenue
 Coral Gables, Florida 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's 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, 2000 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 (11)	
TITLE PSTD Delete <input type="checkbox"/>	NAME Wright, Joyce M	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS 3521 Northwest 115 Terrace	CITY-STATE-ZIP Sunrise, Florida 33323	STREET ADDRESS	CITY-STATE-ZIP
ST-ZIP Sunrise, Florida 33323		TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME		STREET ADDRESS	CITY-STATE-ZIP
STREET ADDRESS		TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
CITY-STATE-ZIP		STREET ADDRESS	CITY-STATE-ZIP
NAME		TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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STREET ADDRESS		TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
CITY-STATE-ZIP		STREET ADDRESS	CITY-STATE-ZIP
NAME		TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS		STREET ADDRESS	CITY-STATE-ZIP
CITY-STATE-ZIP		TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME		STREET ADDRESS	CITY-STATE-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, with all other like empowered.

SIGNATURE: *Joyce M. Wright* Joyce M. Wright 4/26/00 954-748-1727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Call Time Phone #

CRS 034 (9/99)