

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90223 015 ***150.00

DOCUMENT # P99000091960

1. Entity Name
AUTOS & AUTOS, INC.

Principal Place of Business

**5821 FUNSTON STREET
 HOLLYWOOD FL 33023**

Mailing Address

**1161 NE 200 TERRACE
 NORTH MIAMI BEACH FL 33177**

00050785



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5821 FUNSTON STREET
 Suite, Apt. #, etc.

3. Mailing Address

1161 NE 200 TERRACE
 Suite, Apt. #, etc.

City & State

HOLLYWOOD FLORIDA

City & State

NORTH MIAMI BEACH FL

4. FEI Number **65-0955468**

Applied For

Not Applicable

Zip

Country

33023

U.S.A

Zip

Country

33129

U.S.A

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**AHMAD, WAKIL
 1161 NE 200 TERRACE
 MIAMI FL 33179**

7. Name and Address of New Registered Agent

Name **N/A**
 Street Address (P.O. Box Number is Not Acceptable)
N/A
 City **N/A** **FL** Zip Code **N/A**

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 **N/A**

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	DP	<input type="checkbox"/> Delete
NAME	AHMAD, WAKIL	
STREET ADDRESS	1161 NE 200 TERRACE	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ANIS, SEEMA	
STREET ADDRESS	1161 NE 200 TERRACE	
CITY-ST-ZIP	N MIAMI BCH FL 33179	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Wakil Ahmad WAKIL AHMAD**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-01 **305-218-4455 CELL**
 Date Daytime Phone #

CR2E034 (10/00)