

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001852

1. Entity Name

AUTO SPA LIMITED PARTNERSHIP NO. 1

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 21 AM 3:05

Principal Place of Business Mailing Address
4500 W. COMMERCIAL BLVD. 8400 N. UNIVERSITY DR.
TAMARAC, FL SUITE 109
TAMARAC, FL

2. Principal Place of Business 3. Mailing Address
4500 W. COMMERCIAL BLVD. 8400 N. UNIVERSITY DR.
Suite, Apt. #, etc. Suite, Apt. #, etc.
109

City & State City & State
TAMARAC, FL TAMARAC, FL
Zip Country Zip Country
33319 USA 33321 USA

4. FEI Number Applied For
65-0701102 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BRUCE SCHREIBER
8400 N. UNIVERSITY DR.
TAMARAC, FL 33321

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

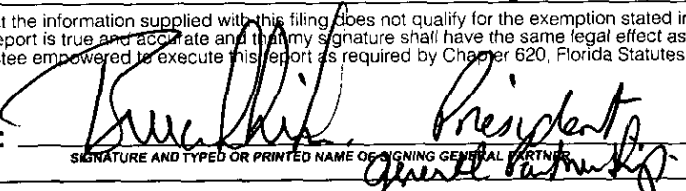
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
SIGNATURE DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record 10. Amount of Capital Contributions in FLORIDA to date 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P95000017643	STREET ADDRESS	
NAME	AUTO SPA OF TAMARAC, INC.		
STREET ADDRESS	8400 N. UNIVERSITY DR.	CITY-ST-ZIP	
CITY-ST-ZIP	TAMARAC, FL 33321		
DOCUMENT #		STREET ADDRESS	500003249925--8
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STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:  President
4/19/00 954/722-8400
Date Daytime Phone #