

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90085 033 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F00000005627

1. Entity Name

I-AUTOAUCTION.COM, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1221 Brickell Avenue

Suite, Apt. #, etc

Suite 900

City & State  
Miami, FL

Zip  
33131

Country  
US

3. Mailing Address

1221 Brickell Avenue

Suite, Apt. #, etc

Suite 900

City & State  
Miami, FL

Zip  
33131

Country  
US

DO NOT WRITE IN THIS SPACE

4. FEI Number

52-2242250

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Corporate Creations

Street Address (P.O. Box Number is Not Acceptable)

941 Fourth Street, #200

City  
Miami Beach

FL

Zip Code  
33139

**DO NOT WRITE  
IN THIS SPACE**

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 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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PDST  
Kalimi, Jamee M.  
1221 Brickell Av., STE 900  
Miami, FL 33131

TITLE  
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CITY-ST-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

4/26/02

305-358-3678

CR2E034B (12/01)