

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90227 029 ***150.00

DOCUMENT # F00000005627

1. Entity Name
I-AUTOAUCTION.COM, INC.



Principal Place of Business

**1221 BRICKELL AVE
SUITE 900
MIAMI FL 33131**

Mailing Address

**1221 BRICKELL AVE
SUITE 900
MIAMI FL 33131**

2. Principal Place of Business

1680 Michigan Avenue

Suite, Apt. #, etc.

Suite 1000

City & State
Miami Beach, FL

Zip
33139

Country
USA

3. Mailing Address

1680 Michigan Avenue

Suite, Apt. #, etc.

Suite 1000

City & State
Miami Beach, FL

Zip
33139

Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

52-2242250

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS
941 FOURTH STREET #20
MIAMI BEACH FL 33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDST
KLIMI, JAMEE M
1221 BRICKELL AVE, STE 900
MIAMI FL 33131** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Jamee Kalini
1680 Michigan Avenue, Suite 1000
Miami Beach, FL 33139** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jamee Kalini, President

Date

Daytime Phone #

CR20034 (10/02)