

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96988

1. Entity Name
AUTOSENSE OF FLORIDA, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90036 042 ***150.00

| | |
|--|--|
| Principal Place of Business 10550 BISCAYNE BLVD MIAMI SHORES FL 33137 US | Mailing Address 17631 SW 76TH AVE MIAMI FL 33157-6338 US |
|--|--|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |

| | |
|------------------------------------|--|
| 4. FEI Number 59-2238686 | Applied For <input type="checkbox"/> |
| | Not Applicable <input type="checkbox"/> |

| | | | | | |
|-----|---------|-----|---------|---|---------------------------------------|
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----|---------|-----|---------|---|---------------------------------------|

6. Name and Address of Current Registered Agent
RABIN, ROBERT A
6301 SUNSET DRIVE, SUITE 203
SOUTH MIAMI FL 33143

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

| | | | |
|---|---|---|------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | 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. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|---|---|------------------------------------|

11. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P RIBERIRO, MARY ANNE 17631 SW 76TH AVE MIAMI, FL 00000 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SOLTZ, JOAN 8460 SW, 151 ST. MIAMI, FL 00000 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Maryanne Ribeiro MARYANNE RIBEIRO 305-235-6152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)