FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700005808

1. Corporation Name

UNITED AUTOCARE PRODUCTS, INC.

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90037 048 ***150.00



									<u> </u>	
Principal Place	e of Business	Mailing Address								
375 PARK AVE	. 22ND FL.	375 PARK AVE., 22ND FL.								
NEW YORK NY	10152	NEW YORK NY 10152	NEW YORK NY 10152			DO NOT WRITE IN THIS SPACE				
					3	Date Incorporated or Qualifed		<u> </u>		
					"	11/03/1997				
2 Principal P			4.	FEI Number	··········		oplied For			
2. Principal Place of Business 2a. Mailing Address				esh and		13-3922210		N	ot Applicable	
21 1500 Westcherter Ave- 26 c/o M. Schusars Suite, Apt. #, etc. Suite, Apt. #, etc.				720 870				\$8.75	Additional	
21 2500 Westchester Ave. Suite, Apt. #, etc. 22 Suite 310 23 Suite Apt. # etc. 24 Suite Apt. # etc.				Gerila	5.	5. Certifcate of Status Desired Fee Require				
City & State City & State				-XW7 3701000) & Election Compoint Emercial 37 III May 84				
				NI		Trust Fund Contribution Added to Fees				
U Chase				Country 8. This corporation owes the current year Intangible						
24 /057				Personal Property Tax. ☐ Yes ☐ No						
7007	9. Name and Address of Current		<u> </u>		10.	Name and Address of New F	Registered A	gent		
			81	Name						
CORPORATION SERVICE COMPANY				32 Street Address (P.O. Box Number is Not Acceptable)						
1201 HAYS STREET				Jusel A	waresa (F	illoso (r. co. Dox radinosi lo radi ridospilloso)				
TALLAHASSEE FL 32301-2525										
				0.1				85 Zip	Code	
			84	City			FL	100 210	Cous	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes,	the above	e-named o	corporation	submits this statement for the	purpose of	hanging its	s registered	
l office or ri	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was autho	onzea by	the corpor	ration's bo	ard of directors. I hereby acce	pt the appoin	imeni as n	egistereo	
	in laminal with, and accept the congar	10/13 dt, 50010/1 001:0000, 1 13:12								
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Reg	retered Ager	nt signature rec			DATE			
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE	DCEO	☐ DELETE	1.1 TITLE	Ì				Change	☐ Addition	
NAME	COGAN, MARSHALL S		1.2 NAME							
STREET ADDRESS	375 PARK AVE., 22ND FL. 133		13 STREET	ADDRESS						
CITY-ST-ZIP	NEW YORK NY 10152		1.4 CITY-S	T-ZIP				<u>-</u>		
TITLE	DVT	☐ DELETE	21 TITLE	2	Directo	r, Vice president		Change	Addition	
NAME	NELSON, ROBERT H		2.2 NAME							
STREET ADDRESS	375 PARK AVE., 22ND FL.		2.3 STREET	T ADDRESS		•				
CITY-ST-ZIP				2. 4 CITY- ST-ZIP						
TITLE	DVAT	DELETE -	3.1 TITLE		Directo	irecopy-vice pics attensurer Do		_ Change	Addition	
NAME	DAVIDSON, JAMES R		3.2 NAME							
STREET ADDRESS			3.3 STREE	TADDRESS						
CITY-ST-ZIP	NEW YORK NY 10152		3.4. CITY-S							
TITLE	VAT	☐ DELETE	4.1 TITLE	ı	Vice PI	res & CFO		Change	Addition	
NAME	WINTERS, KARL H		4. 2 NAME							
STREET ADDRESS			4.3 STREE	TADDRESS						
CITY-ST-ZIP	NEW YORK NY 10152		4.4 CITY-S	T-ZIP					<u>·</u>	
TITLE	VS	☐ DELETE	5.1 TITLE		the pr	uident, Ausmants	erremy	Change	☐ Addition	
NAME	SMITH, PHILIP N JR.		5.2 NAME			,				
STREET ADDRESS			5.3 STREE	TADORESS						
	NEW YORK NY 10152		5.4 CITY-S	T-ZIP						
CITY-ST-ZIP	AS	☐ DELETE	6.1 TITLE		VICE DE	esident & Secretary		Change	Addition	
NAME	KING, TAMBRA S		6.2 NAME	}		•		-		
	ATT 0 1014 115 00110 51		6.3 STREE	TADDRESS						
STREET ADDRESS	NEW YORK NV 10152		6.4 CITY-S							

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

OF SIGNING OFFICER OR DIRECTOR