


**2003 FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90103 025 ***150.00

DOCUMENT # F97000005808

1. Entity Name
UNITED AUTOCARE PRODUCTS, INC.



Principal Place of Business
**ONE HARMON PLAZA
9TH FLOOR
SECAUCUS NJ 07094**

Mailing Address
**13400 OUTER DRIVE WEST
B-36
DETROIT MI 48239**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
2555 Telegraph Rd.
Suite, Apt. #, etc.

City & State
Bloomfield Hills, MI

Zip Country
48302-0954 USA

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

4. FEI Number **13-3922210** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

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	<input type="checkbox"/> Delete P DIFRO, SAMUEL ONE HARMON PLAZA 9TH FLR SECAUCUS NJ 07094
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete S KURNICK, ROBERT H JR 13400 OUTER DR W, B-3 DETROIT MI 48239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete T DAVIDSON, JAMES R ONE HARMON PLAZA 9TH FLR SECAUCUS NJ 07094
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete AS NIEMAN, SANDRA 13400 OUTER DR W, B-36 DETROIT MI 48239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Di Feo, Samuel
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2555 Telegraph Rd. Bloomfield Hills, MI 48302-0954
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 checked="" type="checkbox"/> Addition Maggie Feher AS Maggie Feher 2555 Telegraph Rd. Bloomfield Hills, MI 48302-0954
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

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: *Maggie Feher* **Maggie Feher** **Asst. Sec.** **1/7/03** **248-648-2517**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)