

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-24-2000 90022 008 ***158.75

DOCUMENT # K94930

1. Entity Name

AUTOMAX TRADING COMPANY

Principal Place of Business POLE 163 EASTERN MAIN ROAD PETIT BOURG, SAN JUAN TRINIDAD, W.I. 33021 PR	Mailing Address POLE 163 EASTERN MAIN ROAD PETIT BOURG, SAN JUAN 33021 USX
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2. Principal Place of Business POLE 163 EASTERN MAIN ROAD Suite, Apt. #, etc.	3. Mailing Address POLE 163 EASTERN MAIN ROAD Suite, Apt. #, etc.
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City & State PETIT BOURG, SAN JUAN	City & State PETIT BOURG, SAN JUAN ✓
Zip NIL	Zip NIL
Country TRINIDAD, W.I.	Country TRINIDAD, W.I.

4. FEI Number 65-0162488	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LOFF, SANFORD A CPA 3440 HOLLYWOOD BLVD SUITE 450 HOLLYWOOD FL 33021	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMPERSAD, LALCHAN POLE 163 EASTERN MAIN RD PETIT BOURG TR <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMPERSAD, CHARMAINE POLE 163 EASTERN MAIN RD PETIT BOURG TR <input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: LALCHAN RAMPERSAD *[Signature]* **03/22/2000** **(868) 638-1079**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)