

01 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000090826

Entity Name

AUTOTAGRENEW.COM, INC.

02-19-2002 90069 008 ***750.00

P00000090826

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAR 22 PM 3:02

Principal Place of Business 8350 SOUTH DIXIE HWY PH 2 MIAMI FL 33156	Mailing Address 9350 SOUTH DIXIE HWY PH 2 MIAMI FL 33156
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2. Principal Place of Business 1418 Ponce de Leon Blvd. Suite, Apt. #, etc.	3. Mailing Address 1418 Ponce de Leon Blvd. Suite, Apt. #, etc.
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City & State Coral Gables Miami, Florida	City & State Coral Gables Miami, FL	4. FEI Number	Applied For Not Applicable
Zip 33134	Country USA	Zip 33134	Country USA

REINSTATEMENT

01-02

6. Name and Address of Current Registered Agent

ROVIN, GARY B ESO
8350 SOUTH DIXIE HWY PH 2
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name
Debi Strochak

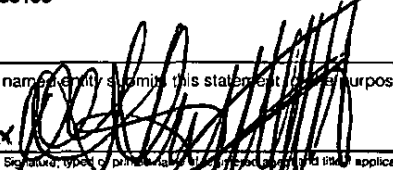
Street Address (P.O. Box Number is Not Acceptable)
1418 Ponce de Leon Blvd.

City
Coral Gables
Miami

FL

Zip Code
33134

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 

600005236416-7
-04/10/02--01078--001
DATE
****150.00 ****150.00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

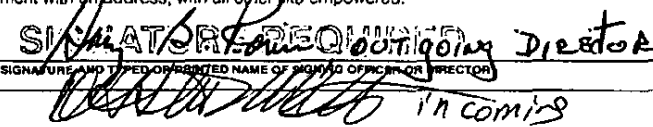
11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROVIN, GARY B 8350 SOUTH DIXIE HWY PH 2 MIAMI FL 33156	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Debi Strochak 1418 Ponce de Leon Blvd. Coral Gables, FL 33134	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Jason Strochak 1418 Ponce de Leon Blvd. Miami, FL 33134 Coral Gables	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Paul Lincoln 1418 Ponce de Leon Blvd. Miami, FL 33134 Coral Gables	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Pam Lincoln-McDaniel 1418 Ponce de Leon Blvd. Miami, FL 33134 Coral Gables	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Judy Lincoln 1418 Ponce de Leon Blvd. Miami, FL 33134 Coral Gables	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Dennis Lincoln 1418 Ponce de Leon Blvd. Miami, FL 33134 Coral Gables	☐ Change ☒ 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:  DIRECTOR

1/16/02 305-9626986

DATE DAYTIME PHONE #

CR2E034 (5/01)