01 UNIFORM BUSINESS REPORT (UBR)

02-19-2002 90069 008 ***750.00
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FILED
SECRETARY OF STATE

02 MAR 22 PM 3:02

DOCUMENT # P00000090826

Entity Name
AUTOTAGRENEW.COM, INC.

Principal Place of Business	Mailing Address
9350 SOUTH DIXIE HWY PH 2 MIAMI FL 33156	9350 SOUTH DIXIE HWY PH 2 MIAMI FL 33156

REINSTATEMENT (DO NOT WRITE IN THIS SPACE) 01-02

2. Principal Place of Business	3. Mailing Address
1418 Ponce de Leon Blvd. Suite, Apt. #, etc.	1418 Ponce de Leon blvd. Suite, Apt. #, etc.
City/State: Coral Gables Miami, Florida	City/State: Coral Gables Miami, FL
Zip: 33134 Country: USA	Zip: 33134 Country: USA

4. FEI Number ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROVIN, GARY B ESQ 9350 SOUTH DIXIE HWY PH 2 MIAMI FL 33156	Name: Debi Strochak Street Address (P.O. Box Number is Not Acceptable): 1418 Ponce de Leon Blvd. City: ~~Miami~~ Coral Gables 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: [signature] (NOTE: Registered Agent signature required when reinstating)

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-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. (See criteria on back) ☐	**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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROVIN, GARY B 9350 SOUTH DIXIE HWY PH 2 MIAMI FL 33156	☒ Delete	P Debi Strochak 1418 Ponce de Leon Blvd. C Gables, FL 33134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	V Jason Strochak 1418 Ponce de Leon blvd. ~~Miami~~, FL 33134 Coral Gables	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	V Paul Lincoln 1418 Ponce de Leon Blvd. ~~Miami~~, FL 33134 Coral Gables	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	V Pam Lincoln-McDaniel 1418 Ponce de Leon Blvd. ~~Miami~~, FL 33134 Coral Gables	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	S Judy Lincoln 1418 Ponce de Leon Blvd. ~~Miami~~, FL 33134 Coral Gables	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	T Dennis Lincoln 1418 Ponce de Leon Blvd. ~~Miami~~, FL 33134 Coral Gables	☐ Change ☒ Addition

CR2E034 (5/01)

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: SIGNATURE REQUIRED Managing Director 1/16/02 305-968-6986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

In coming