

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90129 039 ***150.00

DOCUMENT # P93000008749

1. Entity Name
MIAMI AUTOLAND, INC.

Principal Place of Business: **3700 NW 31ST AVE. MIAMI FL 33142**
 Mailing Address: **3700 NW 31ST AVE. MIAMI FL 33142**



DO NOT WRITE IN THIS SPACE

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

3. Mailing Address Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0441483**

Applied For
 Not Applicable

Zip Country

Zip Country

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

AGRACHOV, DIMITRY
1091 SW 156 AVE
PEMBROKE PINES FL 33027

Name **Agrachov, Dimitry**

Street Address (P.O. Box Number is Not Acceptable)

16593 NW 15th Street

City **Pembroke Pines** **FL** Zip Code **33028**

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 _____

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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 Delete
 NAME **DP AGRACHOV, DIMITRY**
 STREET ADDRESS **1091 SW 156 AVE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DV AGRACHOV, GREGORY**
 STREET ADDRESS **5614 S.W. 59TH AVE.**
 CITY-ST-ZIP **COOPER CITY FL 33328**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 live empowered.

SIGNATURE: **[Signature]**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/02

305-761-5656

Date

Daytime Phone #

CP2E034 (9/01)