2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT: # P95000030438 Apr 25, 2000 8:00 am Secretary of State 1. Entity Name AUTOMATED FINANCIAL CORP. 04-25-2000 90081 022 ***150.00 Mailing Address Principal Place of Business 17820 S DIXIE HWY 17820 S DIXIE HWY PRINCETON FL 33092-4116 MIAMI FL 33157 HS 2. Principal Place of Business 3. Mailing Address **ั**Box 13480 SW 2485 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number City & State 65-0574428 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SVADBIK, JOHN 17820 S DIXIE HWY **MIAMI FL 33157** statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity sub (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00

11. OFFICERS AND DIRECTORS			12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	Delete	TITLE		☐ Change	☐ Addition
NAME	SVADBIK JOHN		NAME			
STREET ADDRESS	17820-5 DIXIE HWY		STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33157		CITY-ST-ZIP			
TITLE	₩	☐ Delete	TITLE	President ANTON SVADBIK 13480 SW 24857 MIAMILIEC 33092	Change	☐ Addition
NAME	SVADBIK, ANTON		NAME	ANTON SVADRIK	·	
STREET ADDRESS	17820 S DIXIE HWY		STREET ADDRESS	12480 SW 2485T	4	
CITY-ST-ZIP	MIAMI FL 33157		CITY-ST-ZIP	MIAM FC 33092		
TITLE	S	Delete	TITLE	· · · · · · · · · · · · · · · · · · ·	☐. Change	☐ Addition
NAME	SVADBIK, JOHN	~ \	NAME			
STREET ADDRESS	17820_8 DIXIE HWY		STREET ADDRESS			
CITY-ST-ZIP	MHAMI FL 331571		CITY-ST-ZIP			
TITLE	Τ	Delete	TITLE		☐ Change	☐ Addition
NAME	SVADBIK, ANPON		NAME			i
STREET ADDRESS	17820_S-DIXIE HWY		STREET ADDRESS	·		
CITY-ST-ZIP	MIAMI FL 33757	1	CITY-ST-ZIP	**************************************		
TITLE		☐ Delete	TITLE		Change	☐ Addition
NAME		f	NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP		ř	CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
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13. I hereby certify that the information supplied with this filling 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 employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Make Check Payable to Department of State

(See criteria on back)

changed, or on an attachment with an

SIGNATURE:

Added to Fees

Trust Fund Contribution.