2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000078993

Country

13730 WEST STATE ROAD 84 #183

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

SMITH, REGINA

DAVIE FL 33325

13730 W S.R. 84, #183

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title it applicable

OFFICERS AND DIRECTORS

City & State

SMITH, ALAN

DAVIE FL 33325

(See criteria on back)

PVST

Zip

SIGNATURE .

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

TITLE

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

AAA TRANSMISSION SERVICE CENTER OF MIAMI INC. Mailing Address Principal Place of Business 15431 WEST DIXIE HIGHWAY 15431 WEST DIXIE HIGHWAY NORTH MIAMI BEACH FL 33162-6056 NORTH MIAMI BEACH FL 33162 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

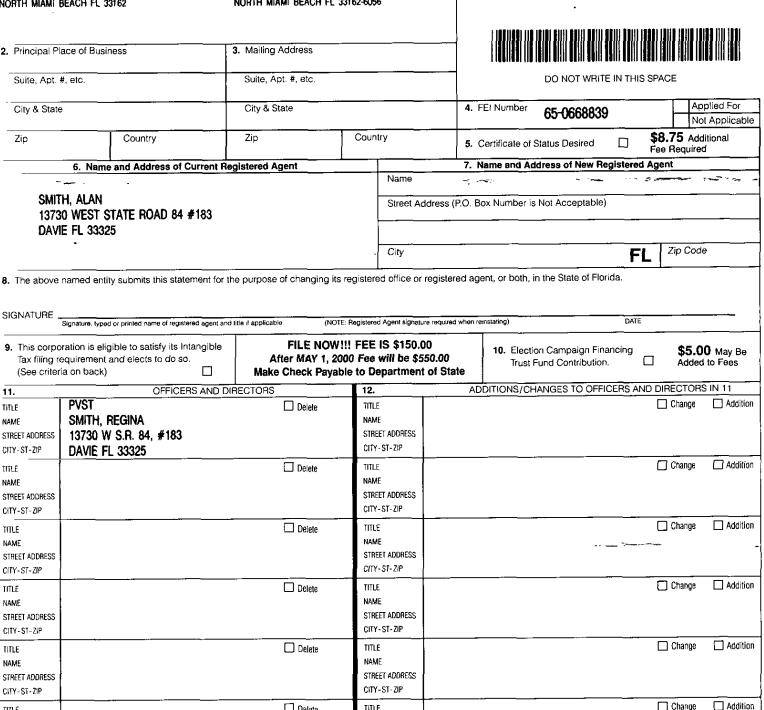
TITLE NAME STREET ADDRESS

TITLE NAME STREET ADDRESS

TITLE NAME Name

FILED Apr 27, 2000 8:00 am Secretary of State

04-27-2000 90053 007 ***150.00



CITY-ST-7/E 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 like proposered.

STREET ADDRESS

SIGNATURE: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR