

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000033036

1. Entity Name
AUTOTRONICS USA, INC.

Principal Place of Business
246 N SR 7
MARGATE FL 33063
US

Mailing Address
6101 N.W. 42ND TERRACE
COCONUT CREEK FL 33073

FILED

00 DEC -7 AM 9:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0749490

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

HAIRE, BENJAMIN H
5100 W. COPANS ROAD
SUITE #900
MARGATE FL 33063

Name Lutchman Singh
Street Address (P.O. Box Number is Not Acceptable) 6101 N.W. 42 Terrace
City Coconut Creek FL Zip Code 33073

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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 | P SINGH, LUTCHMAN H 6101 NW 42ND TERRACE COCONUT CREEK FL 33073 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SINGH, KHALMANIE D 6101 N.W. 42ND TERRACE COCONUT CREEK FL 33073 | <input type="checkbox"/> Delete |
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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

Khalmanie Singh (954) 917-5060

Date

Daytime Phone #

CR2E034 (5/00)