

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000072857**
 1. Entity Name
AUTO LEGEND, INC.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 DEC 11 PM 1:11

Principal Place of Business Mailing Address
**397-A ENTERPRISE ST
 OCLOEE, FL, 34761**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

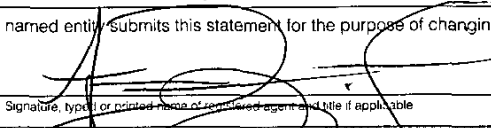
4. FEI Number **59-3464354** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**MARTINEZ, Omar A.
 2766 Cayman Way
 Orlando, FL, 32812.**

7. Name and Address of New Registered Agent
 Name **MELLENDEZ, Agustin M.**
 Street Address (P.O. Box Number is Not Acceptable)
3124 S. Semoran Blvd Apt # 201
 City **Orlando** FL Zip Code **32822**

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  DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

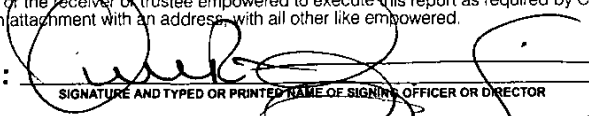
11. OFFICERS AND DIRECTORS

TITLE	DPS	<input checked="" type="checkbox"/> Delete
NAME	MARTINEZ, Omar A.	
STREET ADDRESS	2766 Cayman Way	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	MELLENDEZ Agustin M.	
STREET ADDRESS	3124 S. Semoran Blvd #201	
CITY-ST-ZIP	ORLANDO FL 32822.	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400003505564-5	
STREET ADDRESS	-12/19/00--01043--013	
CITY-ST-ZIP	*****61.25 *****61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bizlin	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:  DATE: **NOV/3/2000** DAYTIME PHONE #: **(407) 877-9999**

CR2E034 (9/99)