

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90061 031 ***158.75

DOCUMENT # P97000072857

1. Entity Name
AUTO LEGEND, INC.

Principal Place of Business 397 A ENTERPRISE STREET A OCOEE FL 34761	Mailing Address 397 A ENTERPRISE STREET A OCOEE FL 34761
--	--

718170



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3464354**

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

**MARTINEZ, OMAR A
 2766 CAYMAN WAY
 ORLANDO FL 32812**

7. Name and Address of New Registered Agent

Name **Agustin M. Martinez**
 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

x 2/19/01

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, 2001 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 NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
DPS MARTINEZ, OMAR A	2766 CAYMAN WAY ST.	ORLANDO FL 32812	<input checked="" type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
DVT MELENDEZ, AGUSTIN M	529 LITTLE LAKE COURT	WINTER HAVEN FL 32834	<input type="checkbox"/>	DPS Melendez, Agustin M	3124 S Semoran Blvd Apt. 201	Orlando FL 32822	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

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

x 2/15/01

x (407) 877-9999

Date

Daytime Phone #

CR2E034 (10/00)