

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90191 020 ***150.00

DOCUMENT # **P97000074714**

1. Entity Name

AUTOMATED INFORMATION INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

661 NE 195 Street

3. Mailing Address

661 NE 195 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 301

STE 301

City & State

City & State

N. MIAMI, FL

N. MIAMI, FL

Zip

Zip

33179

33179

Country

Country

DADE

DADE

4. FEI Number

65-0782746

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ROBERT OLKIN & SIMON QIU

Street Address (P.O. Box Number is Not Acceptable)

661 NE 195 Street

STE 301

N. MIAMI

FL

Zip Code

33179

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Robert Olkin

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/06

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P.	TITLE	
NAME	OLKIN, ROBERT	NAME	
STREET ADDRESS	661 NE 195 Street, Apt 301	STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI, FL 33179	CITY-ST-ZIP	
TITLE	V.	TITLE	
NAME	QIU, SIMON PH.D.	NAME	
STREET ADDRESS	4908 SW 151st AVE.	STREET ADDRESS	
CITY-ST-ZIP	DAVIE, FL 33331	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Olkin

ROBERT OLKIN (Pres.)

4/20/06

305-651-3807

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone

CR2E034B (12/02)