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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2001 8:00 am
Secretary of State
09-13-2001 90054 005 ***550.00

DOCUMENT # P97000100746

1. Entity Name

Auto-Insurance of America SP, Inc.

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
140 S Federal Hwy	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft Lauderdale	City & State
Zip: 33316 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0797022 ☐ Applied For ☐ Not Applicable

6. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

5. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Sonny J. Pascale 1140 S Federal Hwy Ft Lauderdale, FL 33316	Name: John Pascale Street Address (P.O. Box Number is Not Acceptable): 1140 South Federal Highway Ft Lauderdale, FL 33316 City: FL Zip Code:

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: [redacted] 9/4/01
(Signature, typed or printed name of registered agent and date 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) ☐

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	PVST Sonny J Pascale 1140 S Federal Hwy Ft Lauderdale, FL 33316	☒ Delete	PVST John Pascale 1140 S Federal Hwy Ft Lauderdale, FL 33316	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Sonny J Pascale 1140 S Federal Hwy Ft Lauderdale, FL 33316	☒ Delete	D John Pascale 1140 S Federal Hwy Ft Lauderdale, FL 33316	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

CR2E034 (11/00)

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: [redacted] 9/4/01
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)