2000 UNIFORM BUSINESS REPORT (UBR)

SEAT SAVERS PLUS , INC. SEAT SAVERS PLUS , INC. SERGELIARY OF STATE AUDITOR SEE: FLORIDA AUDITOR SEE: FLOR		MENT # P97000102127			FILED	
Principal Place of Business	1. Entity Name SEAT SAVERS PLUS, INC.				00 MAY 25 AM 8: 53	
### Principal Place of Business			, 		SECRETARY OF STATE	: ΝΔ
MIAMI, FL 33155 2. Principal "Doco of Business" Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State City & State A. FEI Number State A. FEI Number State State A. FEI Number State Stat	Principal Plac	e of Business	Mailing Address		Websittans 1 rough	7 0
Suite, Apt. F, etc. City & State City & St			REET		*	
Country	Principal Place of Business 3. M		3. Mailing Address		_	
Zip Country Zip Country S. Certificate of Status Desired Status General General General Status General General Status General General General General Status General	Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
Second Country Zip Country Second Seco	City & State		City & State		4. FEI Number	-
S. Name and Address of Current Registered Agent CARMEN R. ALFONSO 12307 S.W. 130 ST MIAMI, FL 33186 City FL Zip Code 8. The above named entity submits this surgence for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE SIGNATURE Full visible to satisfy its intangable fact of this 4 apocasis. The registered Agent agents produce requested agent, or both, in the State of Florida SIGNATURE Full visible to satisfy its intangable fact of this 4 apocasis. This ribring sequence for and exects to do so. SIGNATURE FULL NOW STATE AGENTS THE AGENTS THE AGENTS THE AGENT AGE	Zip	Country	Zip	Country		\$8.75 Additional
12307 S.W. 130 ST MIAMI, FL 33186 City FL Zip Code 8. The above nampel entity submits this suffermed flor on the processor of changing his registered office or registered agent, or both, in the State of Florida SIGNATURE Feature, rest or private rank of large floridation and processor rank of large floridation and process		6. Name and Address of Current F	Registered Agent	Name	7. Name and Address of New Registere	
And A Check Parlies of Debte MAKE The above named entity submits this summer of too the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE **PARLY INCOMPAGE OF THE CONTROL OF THE PROPRIES AND DIRECTORS IN 1997. 9. This corpd action is slighble to satisfy its Interpolity And Administration and elects to do so. (See criteria on Back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE MAKE SIRET ADDRESS ORY-ST-2P MIAM JET 33183 THE V/S/T/D CARMEN R. ALFONSO 1204 S.W. 77 TERR MIAMI, FL 33183 THE MAKE SIRET ADDRESS ORY-ST-2P TILE MAKE SIRET A	CARMEN R. ALFONSO			Street Address	s (P.O. Box Number is Not Acceptable)	
8. The above named entity submits this setting of the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE						
8. The above named entity submits this systemy flow fie purpose of changing its registered agent, or both, in the State of Florida SIGNATURE SIGNATURE SIGNATURE Purpose rank by prince rank by princ		MIAMI, FL 33186		City	<u> </u>	Zip Code
9. This corporation is a globle to satisfy its Inlangible Tax Killing requirement and elects to do so. After MAY 2000 Fee will be \$550.00. Aft	8. The above	named entity submits this statement for	The purpose of changing its r	registered office or regist		
9. This corporation is a globle to satisfy its Inlangible Tax Killing requirement and elects to do so. After MAY 2000 Fee will be \$550.00. Aft	SICNATURE	Juan H.			•	
Tax diling rèquirement and elects to do so. (See criteria on oack) AAterikani 2000 Fee will be \$55,00\) Trust Fund Contribution. Added to Fees	SIGNATURE	Sonature, typed or printed name of egystered agent a	nd little if applicable. (NOTE:	Registered Agent signature requi	red when reinstaling) DATE	
TITLE	Tax filing re	ourrement and elects to do so.	- After MAY 1, 200	0 Fee will be \$550.00	Trust Fund Contribution	
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Inereby certify that the information supplied with this filling 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: / Lum

SEAT SAVERS PLUS, INC. DOC.# P97000102127

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION. DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS. THANK IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT.

JUAN M. ALFONSO

P/D