

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # P98000069431

1. Entity Name

AMERICAN TRAFFIC SCHOOL, CORP.

Principal Place of Business

Mailing Address

00 APR 27 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11865 SW 26 ST Suite, Apt. #, etc. Suite G-7	3. Mailing Address 11865 SW 26 ST Suite, Apt. #, etc. Suite G-7	4. FEI Number 65-0856851	Applied For Not Applicable
City & State Miami, FL. 33175	City & State Miami, FL. 33175	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33175	Country DADE.	Zip 33175	Country DADE.

6. Name and Address of Current Registered Agent

ADRIAN JAGENPE.
11865 SW 26th ST #G-7
MIAMI, FL. 33175

7. Name and Address of New Registered Agent

Name	FL	Zip Code
Street Address (P.O. Box Number is Not Acceptable)		
City		

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  Adrian JAGENPE. (President) 04/27/00.

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, 2000 Fee will be \$650.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

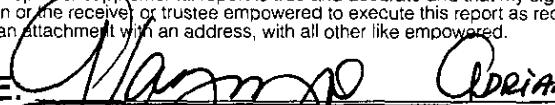
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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****150.00 ****150.00

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  Adrian JAGENPE (PD) 4/27/00 (305) 223-2400.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #