

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90071 029 \*\*\*150.00

**DOCUMENT # P99000008793**

1. Entity Name  
**AUTOSPREE.COM CORP.**

Principal Place of Business 2800 PONCE DE LEON BLVD. #1125 CORAL GABLES FL 33134	Mailing Address 2800 PONCE DE LEON BLVD. #1125 CORAL GABLES FL 33134-6919
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2. Principal Place of Business 575 West 18 Street Suite, Apt. #, etc.	3. Mailing Address 545 West 18 Street Suite, Apt. #, etc.
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City & State Hialeah, Florida	City & State Hialeah, Florida	4. FEI Number 65-0931044	Applied For <input type="checkbox"/> Not Applicable
Zip 33010	Country Dade	Zip 33010	Country Dade



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**SEIF, EVAN D**  
**2800 PONCE DE LEON BLVD. #1125**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FEIG, ZEEV</b> <b>2800 PONCE DE LEON BLVD. #1125</b> <b>CORAL GABLES FL 33134</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Feig, Robert S.</b> <b>1480 Daytonia Rd.</b> <b>Miami Beach, Florida 33141</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: **ROBERT S FEIG** DATE: **3/2/00** Daytime Phone #: **305 885 8646**

CR2E034 (9/99)