

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 13, 2000 8:00 am**
Secretary of State

05-13-2000 90010 011 ***158.00

DOCUMENT # P99000084982**1. Entity Name**

Automotive Referral Service Network, Inc.

Principal Place of Business**Mailing Address**634 Whippoorwill Dr
Orlando, FL 32825PO Box 720767
Orlando, FL 32872-0767**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3601354

Applied For

Not Applicable

5. Certificate of Status Desired☒**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**

Joel Ayala

634 Whippoorwill Dr
Orlando, FL 32825

Name

Giovanni A. Mathera

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

3153 Byington Terr

City

Deltona

FL

Zip Code

32738

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**

Giovanni Mathera

VIP Director

4/20/00

Signature, typed or printed name of registered agent and title 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)**☒**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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P/D/M/C	<input type="checkbox"/> Delete
NAME	JOEL AYALA	
STREET ADDRESS	842 Mossheart Ln	
CITY-ST-ZIP	Orlando, FL 32825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Giovanni A Mathera	
STREET ADDRESS	3153 Byington Terr	
CITY-ST-ZIP	Deltona, FL 32738	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Andres Vega	
STREET ADDRESS	8037 Antibes Ct	
CITY-ST-ZIP	Orlando, FL 32825	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carmen I. Ayala	
STREET ADDRESS	634 Whippoorwill Dr	
CITY-ST-ZIP	Orlando, FL 328	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

Giovanni Mathera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

Date

407-281-4446

Daytime Phone #

CR2E034 (9/99)