

## 2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # P99000109385

1. Entity Name

AUTOTRACKING, INC.

FILED  
May 01, 2000 8:00 am  
Secretary of State

02-22-2000 90003 032 \*\*\*150.00

Principal Place of Business

Mailing Address

300 NW 82 AVE #507  
PLANTATION FL 33324300 NW 82 AVE #507  
PLANTATION FL 33324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-0984513

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

VITAVER, PABLO  
5302 NW 92 LANE  
CORAL SPRINGS FL 33067

Name VITAVER, PABLO

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

777 GAUSHORE DRIVE, PH 6

City

Fort Lauderdale

FL

Zip Code

33304

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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/14/00

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  
NAME PABLO VITAVER - PRES. ☐ Delete  
STREET ADDRESS 5302 NW 92 LANE  
CITY-ST-ZIP CORAL SPRINGS, FL 33067TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/00

CR2E034 (9/99)