

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90223 038 ***150.00

DOCUMENT # **V06475**

1. Entity Name

AutoTrend, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

500 N. Federal Hwy.

3. Mailing Address

500 N. Federal Hwy.

DO NOT WRITE IN THIS SPACE

City & State
Hallandale

City & State
Hallandale

4. FEI Number
65 0308162

Applied For
Not Applicable

Zip

FL 33009

Zip

FL 33009

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Aman Azadi**
Street Address (P.O. Box Number is Not Acceptable)
2065 N.E. 204 St.

City **N. Miami Beach** FL Zip Code **33129**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(Signature)

Aman Azadi

1-10-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **Aman Azadi**
STREET ADDRESS **FL 33129**
CITY-ST-ZIP **2065 N. E 204 St. N.M.B.**

TITLE **S**
NAME **Dora Cooper**
STREET ADDRESS **FL 33129**
CITY-ST-ZIP **2065 N. E 204 St. N.M.B.**

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-03 954455-3636

Date

Daytime Phone #

CR2E0345 (12/02)