

FILED
Mar 28, 2002 8:00 am
Secretary of State

02-01-2002 90029 046 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000039487

1. Entity Name
CARSOFT, INC

Principal Place of Business 6950 EAST KILGORE RD KALAMAZOO MI 49001	Mailing Address 6950 EAST KILGORE RD KALAMAZOO MI 49001
---	---

18303



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State MI	4. FEI Number 03-0399440	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HERRERA, TATIANA
18370 COLLINS AVE APT 1110
SUNNY AISLES, FL 33180

7. Name and Address of New Registered Agent

Name **Tatiana Herrera**
Street Address (P.O. Box Number is Not Acceptable)
5771 NW 112 Avenue
Appt-103
City **Miami** **FL** Zip Code **33178**

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 _____ (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, 2002 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	GM	<input type="checkbox"/> Delete
NAME	Bancho, Emilio	
STREET ADDRESS	6794 Brickelton Court	
CITY-ST-ZIP	Portage, MI 49024	
TITLE	S	<input type="checkbox"/> Delete
NAME	Bancho, Albertina	
STREET ADDRESS	6794 Brickelton Court	
CITY-ST-ZIP	Portage, MI 49024	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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: ~~Signature~~ **Emilio Bancho** Date **01/14/02** Daytime Phone # **616-382-5800**

CR2E034 (9/01)