

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
 04-29-2002 90132 046 ***150.00

0137262 AV

DOCUMENT # 386060

1. Entity Name
POTAMKIN CHEVROLET, INC.

Principal Place of Business 16600 N.W. 57 AVE. MIAMI FL 33014	Mailing Address 16600 N.W. 57 AVE. MIAMI FL 33014
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DO NOT WRITE IN THIS SPACE

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 23-1428836	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PATHMAN, WAYNE M
ONE BISCAYNE TOWER, SUITE 2400
MIAMI FL 33131

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, 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 AS	NAME YUSKO, DAVID A.	<input type="checkbox"/> Delete
STREET ADDRESS 2333 PONCE DE LEON BLVD STE 600	CITY-ST-ZIP CORAL GABLES FL 33134	
TITLE PT	NAME POTAMKIN, ALAN H.	<input type="checkbox"/> Delete
STREET ADDRESS 16600 NW 57TH AVE.	CITY-ST-ZIP MIAMI FL	
TITLE S	NAME POTAMKIN, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS 1407 BEACH TERR.	CITY-ST-ZIP LONGPORT NJ	
TITLE V	NAME FIORAVANTE, EUGENE	<input type="checkbox"/> Delete
STREET ADDRESS 16600 NW 57TH AVE.	CITY-ST-ZIP MIAMI FL	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP	NAME Veronica Farr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2333 Ponce de Leon Blvd., Ste. 600	CITY-ST-ZIP Coral Gables, FL 33134	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Veronica Farr **VP** **VERONICA FARR** **4-11-02** **305-714-2690**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)