

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102381

1. Entity Name
H&H AUTOHAUS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -9 AM 11:44

Principal Place of Business
N. MIAMI BCH
16058 NE 21ST. AVE
MIAMI BEACH FL 33162

Mailing Address
N. MIAMI BCH
16058 NE 21ST. AVE
MIAMI BEACH FL 33162



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
16058 NE 21st Ave

3. Mailing Address
16058 NE 21st Avenue

Suite, Apt. #, etc.

City & State
No. Miami Beach, Fl.

City & State
No. Miami Beach, Fl.

Zip
33162

Country
USA

4. FEI Number **65-0882037**

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

HERMANN, STEVE
6820 INDIAN CREEK DRIVE
SUITE 603
MIAMI BEACH FL 33141

Name *Hermann Seidl*

Street Address (P.O. Box Number is Not Acceptable)
16058 NE 21st Avenue

No. Miami Beach, Fl.

City **FL** Zip Code *33162*

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

(NOTE: Registered Agent signature required when reinstating)

10/06/00
DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 STREET ADDRESS CITY-ST-ZIP	D SEIDL, HERMANN 6820 INDIAN CREEK DRIVE #603 MIAMI BEACH FL 33141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Seidl, Hermann</i> <i>16058 NE 21st Avenue</i> <i>No. Miami Beach, Fl. 33162</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000003422460--0 -10/12/00--01027--016 ****550.00 ****550.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>R 10/19</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/06/00 Date *3059453279* Daytime Phone #

MERCEDESHOP

SINCE 1978

Tel. (305) 945-3279 · Fax (305) 945-3297
N. MIAMI BEACH · 16058 N.E. 21st AVE. · FL. 33162



a/20/00

To: whom it may concern

This bill did not get to us
until today - I believe it was
delivered elsewhere before making it
to us.

Please make note of correct address.

Thanks.