

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # F85173**

1. Entity Name  
**ALL VEHICLE IMPORTS, INC.**

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90034 020 \*\*\*158.75

Principal Place of Business <b>2060 BISCAYNE BLVD 2ND FL MIAMI FL 33137 US</b>	Mailing Address <b>2060 BISCAYNE BLVD 2ND FL MIAMI FL 33137-5024 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number <b>65-0204489</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**KRIEGER, STANLEY J.  
2060 BISCAYNE BLVD  
2ND FL  
MIAMI FL 33137**

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 \_\_\_\_\_ (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, 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	
TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>BRAMAN, NORMAN</b>	
STREET ADDRESS <b>2060 BISCAYNE BLVD, 2ND FL</b>	
CITY-ST-ZIP <b>MIAMI FL 33137</b>	
TITLE <b>S</b>	<input type="checkbox"/> Delete
NAME <b>KRIEGER, STANLEY J.</b>	
STREET ADDRESS <b>2060 BISCAYNE BLVD, 2ND FL</b>	
CITY-ST-ZIP <b>MIAMI FL 33137</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>BRAMAN, IRMA</b>	
STREET ADDRESS <b>2060 BISCAYNE BLVD, 2ND FL</b>	
CITY-ST-ZIP <b>MIAMI FL 33137</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>LEIBOWITZ, EDWARD R.</b>	
STREET ADDRESS <b>2060 BISCAYNE BLVD, 2ND FL</b>	
CITY-ST-ZIP <b>MIAMI FL 33137</b>	
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	
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: Stanley J. Krieger Secy **STANLEY J. KRIEGER, Secy** 4/3/00 305-576-1889  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)