

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90131 023 ***150.00

DOCUMENT # M80278

1. Entity Name
AUTOHAUS HOLDINGS, INC.

| | |
|---|---|
| Principal Place of Business 350 W COPANS RD POMPAÑO BEACH FL 33064 US | Mailing Address 350 W COPANS RD POMPAÑO BEACH FL 33064 US |
|---|---|

825078



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 65-0070349 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|--|--|--|--|--|--|----------|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| KIRLAND, ROBERT A. 744 NORTH FEDERAL HIGHWAY POMPAÑO BEACH FL 33063 | | | | 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) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|---|---------------------------------|---|---------------------------------|-----------------------------------|
| TITLE | DPT | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | KIRLAND, ROBERT A. | | NAME | | |
| STREET ADDRESS | 350 W. COPANS RD | | STREET ADDRESS | | |
| CITY - ST - ZIP | POMPAÑO BCH FL | | CITY - ST - ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | KIRSCHNER, MITCHELL B. | | NAME | | |
| STREET ADDRESS | NORTHERN TRUST PLZ 301 YAMATO RD.,STE 2110 | | STREET ADDRESS | | |
| CITY - ST - ZIP | BOCA RATON FL | | CITY - ST - ZIP | | |
| TITLE | AS | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MONTEMERLO, FRANCIS S | | NAME | | |
| STREET ADDRESS | 1220 FILLMORE ST. | | STREET ADDRESS | | |
| CITY - ST - ZIP | HOLLYWOOD FL | | CITY - ST - ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | CONDER, THERESA | | NAME | | |
| STREET ADDRESS | 350 W COPANS RD | | STREET ADDRESS | | |
| CITY - ST - ZIP | POMPAÑO BEACH FL 33064 | | CITY - ST - ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | CLARK, BARRY | | NAME | | |
| STREET ADDRESS | 350 W COPANS RD | | STREET ADDRESS | | |
| CITY - ST - ZIP | POMPAÑO BEACH FL 33064 | | CITY - ST - ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SIMPKINS, JOE | | NAME | | |
| STREET ADDRESS | 350 W COPANS RD | | STREET ADDRESS | | |
| CITY - ST - ZIP | POMPAÑO BEACH FL 33064 | | 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)(f), 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: **FRANCIS MONTEMERLO, AS** **2-22-01** **(954) 943-5000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)