

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 10, 2002 8:00 am**  
**Secretary of State**

07-10-2002 90191 018 \*\*\*150.00

**DOCUMENT # P00000005754**

1. Entity Name  
**AHB AUTOMOTIVE SUPPLY CO.**

Principal Place of Business Mailing Address  
**13447 NE 17TH AVENUE 13447 NE 17TH AVENUE**  
**MIAMI FL 33181 MIAMI FL 33181**

**B0127382**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0977288</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>LABATE, MARK J</b> <b>800 S.E. 3RD AVENUE</b> <b>SUITE 301</b> <b>FT. LAUDERDALE FL 33316</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City		<b>FL</b>	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. I am familiar with, and accept the obligations of registered agent.

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"/>	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 13, 2002 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>POSCA, DINO</b> <b>13447 NE 17TH AVENUE</b> <b>MIAMI FL 33181</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KREMER, REINER</b> <b>13447 NE 17TH AVENUE</b> <b>MIAMI FL 33181</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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** *7/2/02* *305-893-5282*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attachment  
R# P000005754  
60127382

July 2, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Article of Incorporation for AHB Automotive Supply

Dear Sir or Madam:

I just received the UBR for the corporation. We had not received any renewal form from your office. Enclosed please find a check for \$150.00. Request any late fees be waved due to never receiving a first notice. We were totally unaware that it was due.

We appreciate your cooperation and understanding in resolving this matter.

Sincerely,



Billie Goepfert  
General Manager  
AHB Automotive Supply Co.