

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90060 033 ***158.75

DOCUMENT # P00000041991

1. Entity Name
KLEIN AUTOMOTIVE, INC.

Principal Place of Business C/O JEAN-CHARLES DIBBS ESQ SHUTTS & BOWEN 1500 MIAMI CENTER 201 S BISCAYNE BLVD MIAMI FL 33131	Mailing Address C/O JEAN-CHARLES DIBBS ESQ SHUTTS & BOWEN 1500 MIAMI CENTER 201 S BISCAYNE BLVD MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2150 NE 163rd ST		3. Mailing Address 2198 NE 163rd ST	
Suite, Apt. #, etc. NORTH MIAMI BEACH		Suite, Apt. #, etc.	
City & State FLORIDA		City & State NORTH MIAMI BEACH, FL	
Zip 33160	Country	Zip 33160	Country

4. FEI Number 65-1004340	Applied For ☐	Not Applicable ☐
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF MIAMI
201 S BISCAYNE BLVD, 1500 MIAMI CENTER
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 _____ (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, 2001 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
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSTROVSKY, HELIO 201 S BISCAYNE BLVD 1600 MIAMI CENTER MIAMI FL 33131 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSTROVSKY, EVA LEA 201 S BISCAYNE BLVD 1600 MIAMI CENTER MIAMI FL 33131 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEIN, MICHAEL 201 S BISCAYNE BLVD 1600 MIAMI CENTER MIAMI FL 33131 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: *Helio Ostrovsky* **HELIO OSTROVSKY, PRES (305) 493-5000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/23/01** Daytime Phone #

CR2E034 (10/00)