

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90061 020 \*\*\*150.00

**DOCUMENT # P00000063243**

1. Entity Name  
**AMI AUTO, INC.**



Principal Place of Business  
**1040 CORKWOOD STREET  
HOLLYWOOD FL 33019**

Mailing Address  
**1040 CORKWOOD STREET  
HOLLYWOOD FL 33019**



2. Principal Place of Business

**838 WASHINGTON STR**

3. Mailing Address

**838 WASHINGTON STR**

Suite, Apt. #, etc.

**HOLLYWOOD FL**

Suite, Apt. #, etc.

**HOLLYWOOD FL**

City & State

City & State

4. FEI Number **65-1029142**

Applied For

Not Applicable

☒ CHECK HERE IF MAKING CHANGES

Zip **33019**

Country

**BROWARD**

Zip **33019**

Country

**USA**

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

**SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PD  
LERNER, ARIE  
1040 CORKWOOD STREET  
HOLLYWOOD FL 33019**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PD  
LERNER, ARIE  
838 WASHINGTON STR  
HOLLYWOOD FL 33019**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**SD  
MORGENSTERN, MOSHE  
1040 CORKWOOD STREET  
HOLLYWOOD FL 33019**

☐ Delete

TITLE  
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STREET ADDRESS  
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**SD  
MORGENSTERN, MOSHE  
838 WASHINGTON STR  
HOLLYWOOD FL 33019**

☒ Change ☐ Addition

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12. 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 10 or Block 11 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

**3-10-03**

Date

Daytime Phone #

CR2E034 (10/02)