

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000077552

1. Entity Name

MINICHAMPS NORTH AMERICA, INCORPORATED

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90096 048 ***150.00

Principal Place of Business

13462 S.W. 131 STREET
MIAMI FL 33186

Mailing Address

13462 S.W. 131 STREET
MIAMI FL 33186

2. Principal Place of Business

13464 SW 131 ST

3. Mailing Address

13464 SW 131 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1032104

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOTYCZKA, WILLIAM J ESQ.
13410 S.W. 128TH STREET
MIAMI FL 33186

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

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

(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

11. OFFICERS AND DIRECTORS

TITLE PS
NAME MOROT-GAUDRY, ALAIN
STREET ADDRESS 12980 N. CALUSA CLUB DRIVE
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

TITLE D
NAME LANG, PAUL G
STREET ADDRESS CHARLOTTENBURGER ALLEE 49 D52068 AACHEN
CITY-ST-ZIP GERMANY ☐ Delete

TITLE D
NAME KUJAWSKI, KEVIN
STREET ADDRESS CHARLOTTENBURGER ALLEE 49 D52068 AACHEN
CITY-ST-ZIP GERMANY ☐ 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

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 16 2001

Date

Daytime Phone #

(305)

971 1171

CR2E034 (10/00)