

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90030 001 ***150.00

DOCUMENT # P94000043132

1. Entity Name
BAVARIAN CAR CONNECTION INC.

Principal Place of Business

**770 PELICAN BAY DRIVE
 DAYTONA BEACH FL 32119
 US**

Mailing Address

**770 PELICAN BAY DRIVE
 DAYTONA BEACH FL 32119
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1362 WAMBERT AVE
 Suite, Apt. #, etc.

3. Mailing Address

20521 SW 51ST ST
 Suite, Apt. #, etc.

City & State

FLAGLER BEACH FL
 Zip Country

City & State

FT LAUDERDALE FL
 Zip Country

4. FEI Number

59-3256064

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHREIMEL, GERHARD
 770 PELICAN BAY DRIVE
 DAYTONA BEACH FL 32119**

7. Name and Address of New Registered Agent

Name
ELLIOT KAPLAN
 Street Address (P.O. Box Number is Not Acceptable)
20521 SW 51ST ST
 City **FT LAUDERDALE** FL Zip Code **33352**

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]*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

3/8/01
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	SCHREIMEL, GERHARD
STREET ADDRESS	770 PELICAN BAY DRIVE
CITY-ST-ZIP	DAYTONA BEACH FL 32119
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1362 WAMBERT AVE
CITY-ST-ZIP	FLAGLER BEACH FL 32134
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/01 904-459-0560
 Date Daytime Phone #

CR2E034 (10/00)