

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90466 025 \*\*\*150.00

**DOCUMENT # P94000043132**

1. Entity Name

**BAVARIAN CAR CONNECTION INC.**

Principal Place of Business

**1362 LAMBERT AVE  
 FLAGLER BEACH FL 32136-3011  
 US**

Mailing Address

**20521 SW 51ST ST.  
 FORT LAUDERDALE FL 33332-1022  
 US**

2. Principal Place of Business

**4199 MAJLAK LANE**  
 Suite, Apt. #, etc.

3. Mailing Address

**4199 MAJLAK LANE**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**PORT RANCHO FL**

City & State

**PORT RANCHO FL**

4. FEI Number

**59-3256064**

Applied For

Not Applicable

Zip

Country

**32129**

Zip

Country

**32129**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KAPLAN, ELLIOT  
 20521 SW 51ST ST.  
 FORT LAUDERDALE FL 33332**

7. Name and Address of New Registered Agent

Name

**SCHREIMEL, GERHARD**

Street Address (P.O. Box Number is Not Acceptable)

**4199 MAJLAK LANE**

City

**PORT RANCHO**

**FL**

Zip Code

**32129**

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)

DATE

**4/29/02**

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	SCHREIMEL, GERHARD	1362 LAMBERT AVE	FLAGLER BEACH FL 32136	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>4199 MAJLAK LANE</b>	<b>PORT RANCHO FL 32129</b>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

DATE

**4/29/02**

DAYTIME PHONE #

**386-6045770**

CR2E034 (9/01)