
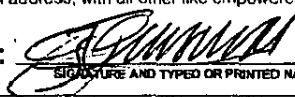


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92184 047 ***150.00

DOCUMENT # P94000052322			
1. Entity Name GERMAIN AUTO SALES & REPAIRS, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 1023 NE 5TH AVENUE		3. Mailing Address P.O. BOX 9142	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FORT LAUDERDALE, FL		City & State CORAL SPRINGS, FL	
Zip 33304	Country USA	Zip 33075	Country USA
4. FEI Number 650569884		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRITZNER GERMAIN D/P P.O. BOX 9142 CORAL SPRINGS, FL 33075	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	YOLANDE F GERMAIN D/V/S P.O. BOX 9142 CORAL SPRINGS, FL 33075	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHYLOV F GERMAIN D/T P.O. BOX 9142 CORAL SPRINGS, FL 33075	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.			
SIGNATURE: 		FRITZNER GERMAIN	4/25/03 954-448-4395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034B (12/02)