

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

8/18/

FILED
Sep 02, 2003 8:00 am
Secretary of State

08-18-2003 90176 031 ***600.00

DOCUMENT # P95000053850

1. Entity Name
AUTOBAHN MOTORS, INC.



Principal Place of Business
1000 S. FEDERAL HWY.
POMPANO BEACH FL 33062

Mailing Address
P.O. BOX 1269
POMPANO BEACH FL 33061

55055425



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0604341**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DA VEIGA, EDUARDO
601 BRICKELL KEY DR.
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **PEDRO DO SANTOS**
Street Address (P.O. Box Number is Not Acceptable)
247 S.W. 8th St.
225
City **MIAMI** FL Zip Code **33130**

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 \$550.00

After September 10, 2003 Fee will be \$750.00

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

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **VEIGA, EDUARDO**
CITY-ST-ZIP **601 BRICKELL KEY DR**
MIAMI FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE ☐ Change ☒ Addition
NAME **V.P**
STREET ADDRESS **PEDRO DO SANTOS**
CITY-ST-ZIP **247 S.W. 8th St**
MIAMI, FL 33130

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

8/11/03

Date

Daytime Phone #

CR2E034 (4/03)