2000 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 07, 2000 8:00 am Secretary of State DOCUMENT # **P99000033562** 1. Entity Name AUTOBAHN COSTEMPA, INC. 09-07-2000 90003 002 ***150.00 Principal Place of Business Mailing Address 6800 SOUTHWEST 40TH STREET 6800 SOUTHWEST 40TH STREET SUITE 665 SUITE 665 MIAMI FL 33155 MIAMI FL 33155-3708 000836502. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 106.96 Not Applicable Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PSTD TITLE Delete TITLE ☐ Addition GIRASA, MARIO NAME NAME 6800 SOUTHWEST 40TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAM! FL 33155 CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eath; 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: 4/0/2000 732-926-2376

GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayline Phone #

attachment 120 ctt: p99000033502 D0083650

Autobahn Costempa, Inc. 6800 SW 40th Street, #665 Miami, FL 33155 August 30, 2000

Division of Corporations Uniform Business Report Filings PO Box 1500 Tallahassee, FL 32302-1500

Dear Sir or Madam:

I have been out of the country since May. I recently re-entered, and am in New England until October. I had my mail forwarded from my office and discovered a returned, badly damaged Uniform Business Report filing. I am including it with this letter.

The Report, my check, or both, may be damaged beyond acceptability. I hope that my filing is not considered late, because I'd rather not be penalized \$400 for a mishap beyond my control.

I did not open the envelope to examine the contents because the Statutory Citation, number 607.1622, part "2" says,

"Proof to the satisfaction of the Department of State that on or before May 1 such report was deposited in the United States mail **in a sealed envelope**, properly addressed with postage prepaid, shall be deemed compliance with this requirement."

However, I realize that the Report or the check might be damaged. I apologize and hope for your patience in this matter. Please inform me regarding the quality of the Report and the check at the following address (I have included a self-addressed postage-paid envelope for your convenience):

(this address is valid until October 1st, while I'm in New England)
Autobahn Costempa, Inc,
427-3 Amherst Street, #122
Nashua, NH 03063

Thank you for your help in this matter. If you have any questions, please call me at 617-693-1534

Sincerely,

Mario Girasa

president

Autobahn Costempa, Inc.

DC PC DOUCH



10: AUTOSAHN COSTEMPA, INC. 427-3 AMHERST SREET, #122 NASHUA, NH 03063-1258