

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90098 013 ***150.00

DOCUMENT # P99000092060

1. Entity Name

ALL AMERICAN DRIVEABILITY & PERFORMANCE AUTOCLINIC, INC.

Principal Place of Business

1112-1118 SOUTHWEST BAYSHORE BOULEVARD
PORT ST. LUCIE FL 34983

Mailing Address

1112-1118 SOUTHWEST BAYSHORE BOULEVARD
PORT ST. LUCIE FL 34983

2. Principal Place of Business

1112 S.W. BAYSHORE BLVD

3. Mailing Address

1112 S.W. BAYSHORE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE, FL

City & State

PORT ST LUCIE, FL

Zip

34983

Country

USA

Zip

34983

Country

USA

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

YEFIM KRICHMAR
1112 SW BAYSHORE BLVD
PORT ST LUCIE, FL 34983

4. FEI Number

65-0968005

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New 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.

SIGNATURE

[Signature]

(Signature typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

1-6-01

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

TITLE PSTD
NAME KRICHMAR, YEFIM
STREET ADDRESS 1112-1118 SOUTHWEST BAYSHORE BOULEVARD
CITY-ST-ZIP PORT ST. LUCIE FL 34983

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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☐ Change

☐ Addition

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

01-06-01

Date

(561) 878-3565

Daytime Phone #

CR2E034 (10/00)