FILED
Sep 11, 2003 8:00 am
Secretary of State
09-11-2003 90079 006 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80147444

DOCUMENT # P99000092060

1. Entity Name
ALL AMERICAN DRIVEABILITY & PERFORMANCE AUTOCLINIC, INC.

Principal Place of Business
1112 SW BAYSHORE BV
PORT SAINT LUCIE, FL 34983 US

Mailing Address
1112 SW BAYSHORE BV
PORT SAINT LUCIE, FL 34983 US

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 1112 SW Bayshore BV
Suite, Apt. #, etc.
City & State: Port Saint Lucie, FL
Zip: 34983 Country: USA

3. Mailing Address: 1112 SW Bayshore BV
Suite, Apt. #, etc.
City & State: Port Saint Lucie, FL
Zip: 34983 Country: USA

4. FEI Number: 65-0968005 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KRICHMAR, YEFIM
1112 SW BAYSHORE BV
PORT SAINT LUCIE, FL 34986

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [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 $150.00
After May 1, 2003 Fee will be $550.00
Amended UBR's $61.25
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KRICHMAR, YEFIM		NAME		
STREET ADDRESS	1112-1118 SOUTHWEST BAYSHORE BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	PORT ST.LUCIE, FL 34983		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

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To Whom It May Concern,

Due to illness of our accountant we were late filing corporate dues this year. However, we did not receive any necessary reminder from your office.

We discovered quite by chance, that the dues were not paid, when we were paying license renewal fees. Then, I called your office, and a representative told me to go to this website and to print this form.

I am very sorry about the delay, but due to circumstances that

Attachment

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were out of our control, we hope you are not going to penalize us.

Sincerely,

Mr & Mrs. YEFIM
ICHTCHMAE