2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V42404

1. Entity Name

ALL GERMAN MOTOR WERKS, INC.

Principal Place of Business		Mailing Addre	ss						
#A-4 CLEARY ROAD 33 PALM BEACH FL 33413			175 #A-4 CLEARY ROAD WEST PALM BEACH FL 33413						
		25							
Principal Place of Business Suite, Apt. #, etc.		3. Mailing Add	3. Mailing Address Suite, Apt. #, etc.						4101 (BO)
		Suite, Apt. #			DO NOT WRITE IN THIS SPACE				
City & State		City & State	City & State		4. FEI Number	65-0335541		\rightarrow	plied For t Applicable
Zip	Country	Zip	Cou	untry	5. Certificate of	Status Desired		75 Add	
**	6. Name and Address of	Current Registered'Agen	1		7. Name and Ac	ddress of New Registe	red Agen	t	
	-	,	- <u>-</u> - 4	Name	· 	* -			
175	ensen, evan peter #A-4 Cleary Road			Street Addre	ess (P.O. Box Number is	s Not Acceptable)			
WES	T PALM BEACH FL 33413						,		
				City			FI 📑	Zip Code	3
. The above	e named entity submits this sta	tement for the purpose of c	hanging its registe		gistered agent, or both,		FL (Zip Code	
	e named entity submits this sta			ered office or reg	gistered agent, or both,	in the State of Florida.	FL 2	Zip Code	
GIGNATURE This corp Tax filing	·	stered agent and title if applicable. Intangible FI O After		ered office or reg ered Agent signature re E IS \$150.00 e will be \$550.	equired when reinstating) 10. Election Trust	in the State of Florida.	ATE	\$5.0	O May Be
GIGNATURE 9. This corp Tax filing (See crite	Signature, typed or printed name of regri oration is eligible to satisfy its l requirement and elects to do s vria on back)	stered agent and title if applicable. Intangible FI O After	(NOTE: Registe LE NOW!!! FEI MAY 1, 2000 Fee	ered office or reg ered Agent signature re E IS \$150.00 e will be \$550. Department of	aquired when reinstating) 10. Election Trust	in the State of Florida.	ATE	\$5.0 Added	0 May Be
9. This corp Tax filing (See crite	Signature, typed or printed name of regri oration is eligible to satisfy its l requirement and elects to do s viria on back)	intangible FI O Make Chi ERS AND DIRECTORS	(NOTE: Registe LE NOW!!! FEI MAY 1, 2000 Fee eck Payable to I Delete TI	ered office or reg ered Agent signature re E IS \$150.00 e will be \$550. Department of	aquired when reinstating) 10. Election Trust	in the State of Florida. Con Campaign Financin	ATE	\$5.0 Added	0 May Be
3. This corp Tax filing (See crite 1. ITLE AME TREET ADDRESS	Signature, typed or printed name of regri oration is eligible to satisfy its l requirement and elects to do s rria on back) OFFICE DVST SORENSEN, EVAN PETE	intangible FI O After Make Cho	(NOTE: Registe LE NOW!!! FEI MAY 1, 2000 Fee eck Payable to I Delete TI NA ST	ered office or reg ered Agent signature re E IS \$150.00 e will be \$550. Department of 2. TLE	aquired when reinstating) 10. Election Trust	in the State of Florida. Con Campaign Financin	ATE	\$5.0 Added	O May Be I to Fees
9. This corp Tax filing (See crite 1. ITLE AME TREET ADDRESS TY-ST-ZIP ITLE	oration is eligible to satisfy its leadurement and elects to do stria on back) OFFICE DVST SORENSEN, EVAN PETE 175 #A-4 CLEARY ROAL	Intangible on Make Chief R R	(NOTE: Registe LE NOW!!! FEI MAY 1, 2000 Fee eck Payable to I 12 Delete III Delete III Delete III	ered office or reg ered Agent signature re E IS \$150.00 e will be \$550. Department of 2. TLE AME	aquired when reinstating) 10. Election Trust	in the State of Florida. Con Campaign Financin	ATE	\$5.0 Added	O May Be I to Fees
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GIGNATURE 9. This corp Tax filing	oration is eligible to satisfy its leadurement and elects to do stria on back) OFFICE DVST SORENSEN, EVAN PETE 175 #A-4 CLEARY ROAL	stered agent and title if applicable. Intangible FI After Make Chi ERS AND DIRECTORS R) 413	(NOTE: Registe LE NOW!!! FEI MAY 1, 2000 Feeck Payable to I 12 Delete TI' NA Delete TI' NA ST CI Delete TI' NA ST	ered office or reg ered Agent signature re E IS \$150.00 e will be \$550. Department of Z. TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS	aquired when reinstating) 10. Election Trust	in the State of Florida. Con Campaign Financin	ATE AND DIR	\$5.0 Addeo	O May Be I to Fees S IN 11

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.

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

Delete

☐ Delete

☐ Change

□ Change

☐ Addition

☐ Addition

FILED Apr 17, 2000 8:00 am Secretary of State