

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91535 048 ****61.25

DOCUMENT # 702498

1. Entity Name

SOUTH FLORIDA AUTO-TRUCK DEALERS ASSOCIATION, IN C.

Principal Place of Business

Mailing Address

**1380 N.E. MIAMI GARDENS DRIVE
SUITE 125
NORTH MIAMI BEACH FL 33179**

**1380 N.E. MIAMI GARDENS DRIVE
SUITE 125
NORTH MIAMI BEACH FL 33179**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1094645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAKER, RICHARD A.
1380 NE MIAMI GARDENS DR
STE 125
NORTH MIAMI BEACH FL 33179**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BERIAN, CHRIS**
CITY-ST-ZIP **5101 N FED HWY
POMPAÑO BEACH FL 33064**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SANDIDGE, BILL**
CITY-ST-ZIP **2300 N STATE RD 7
LAUDERDALE LAKES FL 33313**

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

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **BAKER, RICHARD**
CITY-ST-ZIP **10185 NW 7 AVE.
MIAMI FL**

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

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **SHAD, MIKE**
CITY-ST-ZIP **16800 NW 57 AVE
MIAMI FL 33015**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **John Endicott**
CITY-ST-ZIP **1345 S Fed Hwy Pompano Beach 33062**

TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **SHEFFER, LOREN**
CITY-ST-ZIP **2201 N FEDERAL HWY
DELRAY BCH FL 33483**

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

TITLE ☐ Delete
NAME **PE**
STREET ADDRESS **HOOLEY, MICHAEL**
CITY-ST-ZIP **707 N STATE RD 7
PLANTATION FL 33317**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02 305-947-5950

Date Daytime Phone #

CR2E037 (9/01)