

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2003 8:00 am
Secretary of State

04-07-2003 91013 038 ****61.25

DOCUMENT # 702498

1. Entity Name

SOUTH FLORIDA AUTO-TRUCK DEALERS ASSOCIATION, IN C.



Principal Place of Business

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

Mailing Address

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

55039433

2. Principal Place of Business

625 NE 124 St

Suite, Apt. #, etc.

3. Mailing Address

625 NE 124 St

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

North Miami, FL

City & State

North Miami, FL

4. FEI Number **59-1094645**

Applied For

☐ Not Applicable

Zip
33161

Country
Date

Zip
33161

Country
Date

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

8. 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)

625 NE 124 St

City **North Miami**

FL

Zip Code
33161

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, 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BERIAN, CHRIS	
STREET ADDRESS	5101 N FED HWY	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDIDGE, BILL	
STREET ADDRESS	2300 N STATE RD 7	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33313	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BAKER, RICHARD	
STREET ADDRESS	10185 NW 7 AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ENDICOTT, JOHN	
STREET ADDRESS	1345 S FED HWY	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	ST -	<input type="checkbox"/> Delete
NAME	SHEFFER, LOREN	
STREET ADDRESS	2201 N FEDERAL HWY	
CITY-ST-ZIP	DELRAY BCH FL 33483	
TITLE	PE	<input type="checkbox"/> Delete
NAME	HOOLEY, MICHAEL	
STREET ADDRESS	707 N STATE RD 7	
CITY-ST-ZIP	PLANTATION FL 33317	

TITLE	PE - D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P - D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

Richard A. Baker

3/28/03 305-947-5950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)