

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F00000004502

1. Entity Name
WILLIAMSON SATURN OF MIAMI LAKES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG 26 AM 11:22

Principal Place of Business
6200 N W 167 ST
MIAMI, FL 33014

Mailing Address
7815 S W 104 ST
MIAMI, FL 33156

2. Principal Place of Business
300 S. University Drive

3. Mailing Address
Suite, Apt. #, etc.

City & State
Pembroke Pines, FL

City & State

Zip
33025

Country
USA

Zip

Country

08242004 Chg-P CR2E034 (10/03)



4. FEI Number
65-1030360

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMSON, GEORGE E II
7815 S W 104 ST
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name
D. Zingler, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
300 S. University Drive
City
Pembroke Pines FL Zip Code
33025

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 *Douglas P. Zingler* Douglas P. Zingler

8/24/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WILLIAMSON, GEORGE E II
STREET ADDRESS 7815 SW 104 ST
CITY-ST-ZIP MIAMI, FL 33156 ☐ Delete

TITLE VSD
NAME WILLIAMSON, THOMAS W
STREET ADDRESS 7815 S W 104 ST
CITY-ST-ZIP MIAMI, FL 33156 ☒ Delete

TITLE VP
NAME VERA, LOUIS
STREET ADDRESS 7815 S W 104 ST
CITY-ST-ZIP MIAMI, FL 33156 ☐ Delete

TITLE T
NAME WILLIAMSON, CAROL F
STREET ADDRESS 7815 S W 104 ST
CITY-ST-ZIP MIAMI, FL 33156 ☒ Delete

TITLE AS
NAME REYES, VIVIAN
STREET ADDRESS 7815 S W 104 ST
CITY-ST-ZIP MIAMI, FL 33156 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☒ Change ☐ Addition
NAME
STREET ADDRESS 300040591993
CITY-ST-ZIP 08/27/04--01075--001 **70.00

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

TITLE PD ☒ Change ☐ Addition
NAME Louis Vera
STREET ADDRESS 300 S. University Drive
CITY-ST-ZIP Pembroke Pines, FL 33025

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

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

TITLE VP ☐ Change ☒ Addition
NAME George E. Williamson III
STREET ADDRESS 7815 SW 104 Street
CITY-ST-ZIP Miami, FL 33156

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/26