

2002 UNIFORM BUSINESS REPORT (UBR)

AMENDED

FILED
09-02-2002 90148 017 ****61.25

02 SEP -5 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO1000000560

1. Entity Name

THE AUTOMOTIVE TECHNICAL CHARTER HIGH SCHOOL OF
SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

ATTN: RICHARD A. BAKER
1380 NE MIAMI GARDENS DRIVE SUITE 125
NORTH MIAMI BEACH FL 33179

ATTN: RICHARD A. BAKER
1380 NE 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

65-1069527

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

QUINTON, A. EDWARD III ESQ
ADAMS & QUINTON, P.A.
80 SW 8 STREET SUITE 2150
MIAMI FL 33130

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

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing
Trust Fund Contribution.

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\$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 NAME STREET ADDRESS CITY-ST-ZIP | D PAGE, KENNETH 9350 W ATLANTIC AVENUE CORAL SPRINGS FL 33071 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ARRIGO, JIM 2101 OKEECHOBEE BLVD WEST PALM BEACH FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOOLEY, MICHAEL 707 N STATE ROAD 7 PLANTATION FL 33317 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BACHRODT, LOU 1801 W ATLANTIC BLVD POMPANO BEACH FL 33069 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BERIAN, CHRIS 5101 N FEDERAL HIGHWAY POMPANO BEACH FL 33064 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GREGORY, DAN 5455 S UNIVERSITY DRIVE PEMBROKE PINES FL 33025 | <input type="checkbox"/> Delete |

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Ralph Mesa Maroone Chevrolet-Miami 4181 SW 8 St Miami 33134 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/E Loren Sheffer 2201 N Fed Hwy Delray Beach, FL 33483 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/02

Date

(954) 202-3500

Daytime Phone #

CR2E037 (4/02)