

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

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90206 011 ****61.25

DOCUMENT # N01000000560

1. Entity Name

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



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

625 NE 124 St

Suite, Apt. #, etc.

3. Mailing Address

625 NE 124 St

Suite, Apt. #, etc.

City & State

North Miami, FL

City & State

North Miami, FL

4. FEI Number **65-1069527**

Applied For

Not Applicable

33161

Country

Date

Zip

33161

Country

Date

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. 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

TITLE **D** ☐ Delete
NAME **MESA, RALPH**
STREET ADDRESS **4181 SW 8 ST**
CITY-ST-ZIP **MIAMI FL 33134**

TITLE **D** ☐ Delete
NAME **ARRIGO, JIM**
STREET ADDRESS **2101 OKEECHOBEE BLVD**
CITY-ST-ZIP **WEST PALM BEACH FL**

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

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

TITLE **D** ☐ Delete
NAME **BERIAN, CHRIS**
STREET ADDRESS **5101 N FEDERAL HIGHWAY**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **D** ☐ Delete
NAME **GREGORY, DAN**
STREET ADDRESS **5455 S UNIVERSITY DRIVE**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

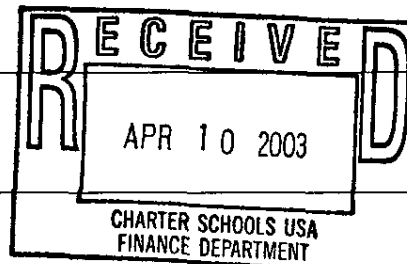
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

PAID

CK NO. **1602**
DATE **4/16/03**



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:

Richard A. Baker

Richard A. Baker

305-947-5950

3/28/03

CR2E037 (10/02)