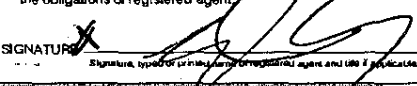
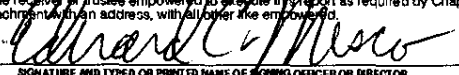


FILED
Sep 04, 2003 8:00 am
Secretary of State

09-04-2003 90065 016 ****70.00

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

DOCUMENT # N01000007379			
1. Entity Name SOUTH FLORIDA F-BODY ASSOCIATION, INC.			
Principal Place of Business 1661 NW 101 WAY PLANTATION, FL 33322		Mailing Address 1661 NW 101 WAY PLANTATION, FL 33322	
2. Principal Place of Business 7365 NW 54th St Suite, Apt. #, etc.		3. Mailing Address 7365 NW 54th St Suite, Apt. #, etc.	
City & State Lauderhill FL		City & State Lauderhill FL	
Zip 33319		Country USA	
4. FEI Number 65-1154482		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LUGGERY, MATT 1661 NW 101 WAY PLANTATION, FL 33322		7. Name and Address of New Registered Agent Name Edwin Cruz Street Address (P.O. Box Number is Not Acceptable) 1810 NW 41st City Miami FL Zip Code 33167	
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:  DATE: 9-1-03 (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when requesting))			
FILE NOW: FEE IS \$61.25 Initial or Amended UBR		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIO, JOSE 13240 SW 69TH ST MIAMI, FL 33183 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Edwin Cruz (PD) 1810 NW 41st Miami, FL 33167 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LUGGERY, MATT 1661 NW 101 WAY PLANTATION, FL 33322 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UGO LOZA 15060 NW 77th Ct Miami FL 33015 (VPD) ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MESCO, EDWARD C 7365 NW 64TH ST LAUDERHILL, FL 33319 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 employees.			
SIGNATURE:  DATE: 9/1/03		954-351-3645	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	