2002 UNIFORM BUSINESS REPORT (UBR)

Apr 03, 2002 8:00 am Secretary of State **DOCUMENT # N30591** 1. Entity Name 03-03-2002 90067 032 ****61.25 SOUTHEAST FLORIDA CHRYSLER-PLYMOUTH-JEEP-EAGLE-D EALERS ADVERTISING ASSOCIATION, INC. Principal Place of Business Mailing Address O C TAYLOR MOTORS SANTINI & COMPANY, PA C/O ART TAYLOR, 700 N FED HWY 1776 N PINE ISLAND ROAD # 315 DELRAY BCH FL 33444 PLANTATION FL 33322 2. Principal Place of Business 3. Mailing Address amiani Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE o carlos 11 City & State City & State 4. FEI Number Applied For 65-0086014 Not Applicable Zip Country \$8.75 Additional_ 5.-Certificate of Status Desired ------Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROLAND SANTINI Street Address (P.O. Box Number is Not Acceptable). SANTINIA CO PA 1776 N. PINE ISLAND RI # 118 KAYE, MARTIN DADE JEEP EAGLE 15895 S DIXIE HWY 33322 ciplantation MIAMI FL 33062 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. 19/02 SIGNATURE tered Agent signature required when reinstating) of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Deleta (9/01) TITLE TITLE NAME KAYE, MARTIN NAME STREET ADDRESS STREET ADDRESS DADE JEEP EAGLE, 15895 S DIXIE HWY **CR2E037** CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33062 TITLE ☐ Delete TITLE Change ☐ Addition Taylor, arthur NAME MAME 700 NORTH FEDERAL HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33444-☐ Delete TITLE TITLE Addition FIORAVANTE, GENE-NAME NAME STREET ADDRESS POTAMKIN JEEP EAGLE, 16800 N W 57TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33014 TITLE STD ☐ Delete TITLE ☐ Addition Campana, Jay NAME MAME STREET ADDRESS STREET ADDRESS 855 S US HWY 1 CITY-ST-ZIP VERO BEACH FL 32982 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition PLANAS, CARLOS NAME MAME STREET ADDRESS STREET ADDRESS 8250 SW 8TH ST CITY-ST-ZIP CITY - ST-ZIF MIAMI FL 33144 TITLE ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 attackment with an address, with all other like empowered.

UZE REQUIRED

Days me Phone it

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: