

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N30591**

1. Entity Name

SOUTHEAST FLORIDA  
CHRYSLER-PLYMOUTH-JEEP-EAGLE DEALERS  
ADVERTISING ASSOCIATION, INC.



Principal Place of Business

TAMIAMI JEEP  
C/O CARLOS PLANAS 8250 SW 8 ST  
MIAMI, FL 33144 US

Mailing Address

1776 N PINE ISLAND RD  
STE 118  
PLANTATION, FL 33322 US



01182005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0086014

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SANTINI, ROLAND  
SANTINI & CO PA  
1776 N. PINE ISLAND RD #118  
PLANTATION, FL 33322

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	TAYLOR, ARTHUR
STREET ADDRESS	700 NORTH FEDERAL HWY
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	D
NAME	FIORAVANTE, GENE
STREET ADDRESS	POTAMKIN JEEP EAGLE, 16600 N W 57TH AVE
CITY-ST-ZIP	MIAMI, FL 33014
TITLE	V
NAME	CAMPANA, JAY
STREET ADDRESS	855 S US HWY 1
CITY-ST-ZIP	VERO BEACH, FL 32962
TITLE	PD
NAME	PLANAS, CARLOS
STREET ADDRESS	8250 SW 8TH ST
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/05-80107-008 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #