

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90062 015 *****61.25

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

**SANTINI & COMPANY, PA
1776 N PINE ISLAND ROAD #118
PLANTATION FL 33322
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#118

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0086014**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP:** ☐ Delete
NAME **TAYLOR, ARTHUR**
STREET ADDRESS **700 NORTH FEDERAL HWY**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

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

TITLE **D** ☐ Delete
NAME **Fioravante, GENE**
STREET ADDRESS **POTAMKIN JEEP EAGLE, 16600 N W 57TH AVE**
CITY-ST-ZIP **MIAMI FL 33014**

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

TITLE **STD** ☐ Delete
NAME **CAMPANA, JAY**
STREET ADDRESS **855 S US HWY 1**
CITY-ST-ZIP **VERO BEACH FL 32962**

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

TITLE **PD** ☐ Delete
NAME **PLANAS, CARLOS**
STREET ADDRESS **8250 SW 8TH ST**
CITY-ST-ZIP **MIAMI FL 33144**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 empowered.

SIGNATURE: *[Signature]* REQUIRED

CR2E037 (10/02)