

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000002217

1. Entity Name
HIGHWAY SAFETY AND MOTOR VEHICLES ADVISORY
COMMITTEE, INC.



Principal Place of Business

DEPT OF HIGHWAY SAFETY & MOTOR VEHICLES
NEIL KIRKMAN BLDG / B435
TALLAHASSEE, FL 32399

Mailing Address

DEPT OF HIGHWAY SAFETY & MOTOR VEHICLES
NEIL KIRKMAN BLDG / B435
TALLAHASSEE, FL 32399

FILED
05 MAY -5 PM 12: 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04052005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3203247

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAMBERT, SANDRA C
DEPT OF HIGHWAY SAFETY & MOTOR VEHICLES
NEIL KIRKMAN BLDG / B435
TALLAHASSEE, FL 32399

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
P
STEIN, MICHAEL A
200 SOUTH BISCAYNE BOULEVARD, #4450
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
BANGO, FRANK
7500 NW 52ND STREET
MIAMI, FL 33166

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
BURGOS, MODESTO W
2515 W FLAGLER STREET
MIAMI, FL 33135

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

JS 5/12

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 *Sandra C. Lambert* Sandra C. Lambert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

850-414-2426

Daytime Phone #

POSTED JOURNAL TRANSACTIONS BY SWDN WITHIN BENEFITTING OLO AND SITE

AUDIT LOCATION - STATEWIDE
OLO 450000 - DEPARTMENT OF STATE
SITE 00 - DEPARTMENT OF STATE

OLO 760000 - DEPARTMENT OF HIGHWAY SAFETY AND MOTOR V
SITE 00 - DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
(850)488-3319

SWDN D5000658319 ADOCNO V028764

ACCOUNT CODE	CF	TC	OBJECT	AMOUNT	ACCOUNT CODE	CF	TC	OBJECT
76 20 2 009001 76250900 00 040000 00		25	4990	70.00	45 10 1 000132 45300100 00 000100 00		45	
					INVOICE # D088300			70.00
TRANSACTION CODE TOTAL - 25				70.00	45	70.00		

TR 96

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ENTRUSTED 05/11/2005

J