

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90157 035 ****61.25

DOCUMENT # N93000005452

1. Entity Name

SOUTH FLORIDA INDEPENDENT AUTOMOBILE DEALERS ASS

Principal Place of Business

Mailing Address

5431 N SR 7
TAMARAC FL 33319
US

5431 N SR 7
TAMARAC FL 33319
US

2. Principal Place of Business

3. Mailing Address

13480 SW 248 ST

PO Box 924116

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0455116

Applied For

Not Applicable

Zip

33032

Country

Dade

Zip

33092-4116

Country

Dade

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEHLER, LANCE
2729 NE 15 ST
POMPANO BEACH FL 33062

Name

ANTON SVADBIK

Street Address (P.O. Box Number is Not Acceptable)

13480 SW 248 ST

City

MIAMI

FL

Zip Code

33032

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DT ☐ Delete
NAME WINTERICK, JAMES M.
STREET ADDRESS 17204 SW 78TH CT
CITY-ST-ZIP MIAMI FL 33147

TITLE Director ☐ Change ☒ Addition
NAME ANTON SVADBIK
STREET ADDRESS 13480 SW 248 ST
CITY-ST-ZIP MIAMI, FL 33092

TITLE DT ☐ Delete
NAME KAY, TOMMY
STREET ADDRESS C/O 10000 NW 27TH AVENUE
CITY-ST-ZIP MIAMI FL 33147

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

TITLE DT ☐ Delete
NAME HOYT, GENE
STREET ADDRESS 1001 EAST SAMPLE ROAD SUITE 8W
CITY-ST-ZIP POMPANO BEACH FL 33064

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

TITLE SD ☒ Delete
NAME SVADGIK, JOHN
STREET ADDRESS 13480 SW 248 TH ST
CITY-ST-ZIP MIAMI FL 33157

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

TITLE P ☐ Delete
NAME SATZMAN, DAVID
STREET ADDRESS 801 SW 27TH AVE
CITY-ST-ZIP FT LAUDERDALE FL 33312

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

TITLE T ☒ Delete
NAME MEHLER, LANCE
STREET ADDRESS 5431 N ST RD 7
CITY-ST-ZIP TAMARAC FL 33319

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

Date

Daytime Phone #

CRZE037 (9/99)