

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

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90106 015 *****61.25

DOCUMENT # N93000005452

1. Entity Name

SOUTH FLORIDA INDEPENDENT AUTOMOBILE DEALERS ASSOCIATION, INC.



Principal Place of Business

**13480 SW 248 TH STREET
MIAMI FL 33032
US**

Mailing Address

**PO BOX 924116
MIAMI FL 33092-4116
US**

2. Principal Place of Business

17820 S. Dixie Hwy

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

SAME

Zip

33157

Country

Zip

Country

4. FEI Number **65-0455116**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SVADBIK, ANTON
13480 SW 24TH STREET
MIAMI FL 33032**

7. Name and Address of New Registered Agent

Name

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

17820 S. Dixie Hwy

Miami FL 33157

City

FL

Zip Code

33157

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

TITLE	DT	<input type="checkbox"/> Delete
NAME	SVADBIK, ANTON	
STREET ADDRESS	13480 SW 248 STREET	
CITY-ST-ZIP	MIAMI FL 33032	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KAY, TOMMY	
STREET ADDRESS	C/O 10000 NW 27TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SVADGIK, JOHN	
STREET ADDRESS	13480 SW 248 TH ST	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	17820 S. Dixie Hwy	
CITY-ST-ZIP	Miami FL 33157	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	17820 S. Dixie Hwy	
CITY-ST-ZIP	Miami FL 33157	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

REQUIRED

04/08/03

CR2E037 (10/02)