2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 05, 2000 8:00 am
Secretary of State

06-02-2000 90009 027 ***150.00

DOCUMENT # N97000003113

1. Entity Name

DADE-BROWARD ISUZU DEALER ADVERTISING ASSOCIATIO

Principal Place of Business

~~700-800 E. SUNRISE BLVD.~~
~~FT. LAUDERDALE FL 33304~~
1345 S. FED. HWY
POMPANO BCH, FLA. 33062

Mailing Address

~~700-800 E. SUNRISE BLVD.~~
~~FT. LAUDERDALE FL 33304~~ (SAME)

2. Principal Place of Business | 3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State

Zip | Country | Zip | Country

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0758277 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

~~BANDER, MICHAEL O~~
~~700-800 E. SUNRISE BLVD.~~
~~FT. LAUDERDALE FL 33304~~

7. Name and Address of New Registered Agent

Name: JOHN T. ENDICOTT
Street Address (P.O. Box Number is Not Acceptable): 1345 S. FED. HWY
City: POMPANO BCH, FL Zip Code: 33062

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 _____ 5-4-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

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	Delete
D / BANDER, MICHAEL O / 700-800 E. SUNRISE BLVD. / FT. LAUDERDALE FL 33304	☒
D / ENDICOTT, JOHN / 1345 S. FEDERAL HWY. / POMPANO BEACH FL 33062	☐
D / GRAHAM, KENNETH / 8600 PINES BLVD / PEMBROKE PINES FL 33024	☐
	☐
	☐
	☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Change	Addition
D / GONZALES, CHRIS / 8155 WEST FLAGLER ST. / MIAMI, FLA. 33144	☐	☒
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

CR2E037 (9/98)

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 607, 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 5-4-00

SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #