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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9800005083

Country

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1. Corporation Name

UNITED AUTO GROUP SCHOLARSHIP FUND, INC.

Principal Place of Business

3909 NE 163 ST., STE, 304 N. MIAMI BEACH FL 33160

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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Zip

3909 NE 163 ST., STE, 304 N. MIAMI BEACH FL 33160

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90135 029 ****61.25





Applied For

Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

3. Date Incorporated or Qualifed 09/04/1998

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

65-0860997

4. FEI Number

9. Name and Address of Current Registered Agent	Name and Address of New Registered Agent
	81 Name
GRIMSLEY, CHARLES J	82 Street Address (P.O. Box Number is Not Acceptable)
1880 BRICKELL AVE	
MIAMI FL 33129	
	84 City 85 Zip Code
Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	
· · · · · · · · · · · · · · · · · · ·	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register	ed Agent signature required when reinstating) DATE
OFFICERS AND DIRECTORS	
TITLE P DELETE 1.1	TITLE PRESIDENT + DIRECTOR Change RAddite
NAME 1.2	NAME RICHARD PARRILLO, JR.
STREET ADDRESS 1.3	STREET ADDRESS 3709 N. E. 163 RE ST., STE. 304
CITY-5T-ZIP 1.4	CITY-ST-ZIP N. MIAMI BEACH, FL. 33/60
TITLE OELETE 2.1	CITY-ST-ZIP N. MIAMI BEACH, FL. 33/60 TITLE DIRECTOR Change Addition
NAME 2.2	NAME MICHAEL PARRICLO
STREET ADDRESS 2.3	STREET ADDRESS 3909 N.E. 163 R.D. S.T., STE 304
	CITY-ST-ZIP - N. M. A. M. BEACH, FL. 33/60 TITLE DERECTOR Change Addition
TITLE OELETE 3.1	TITLE DERECTOR Change Addition
NAME 32	NAME BEAU PARRILLO STREET ADDRESS 3909 NE. 163 RE ST., STE 304
STREET ADDRESS 33	STREET ADDRESS 3909 NE. 163KB ST., STE 504
CITY-ST-ZIP 3.4	CITY-ST-ZIP N' MIAMI BEACH FL. 33160
TITLE ☐ DELETE 4.1	CITY-ST-ZIP N MIAMI BEACH FL. 33160 TITLE SECRETARY + DIRECTOR Change RAdon
NAME 4.2	NAME CHARLES J. GRIMSLEY STREET ADDRESS 3909 N. C. 16385 ST., STE. 304
STREET ADDRESS 4.3	STREET ADDRESS 3909 N. C. 163 P. ST., STE. 304
CITY-ST-ZIP 44	STREET ADDRESS 3909 N. C. 163Rb ST., STE. 304 CITY-ST-ZIP N M / A.M. BEACH, F.L. 33/60 TITLE
TITLE DELETE 5.1	TITLE Change Addst
NAME . 52	NAME
STREET ADDRESS 5.3	STREET ADDRESS
CITY-ST-ZIP 5.4	CITY-ST-ZIP
TITLE DELETE 61	TITLE Change Addn.
NAME 62	NAME
STREET ADDRESS 6.3	STREET ADDRESS
	CITY-ST-ZIP
I hereby certify that the information supplied with this filing does not qualify for the expectated on this annual report or supplemental annual report is two and accurate as	temption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in that my signature shall have the same legal effect as if made under oath; that I am an

Country

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I nereby 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

Vando 1 Din_O. GHARIFE & Grimeron 4/8/99 . (30