

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90165 016 ***550.00

DOCUMENT # P01000062648

1. Entity Name
AUTOMOTIVE/RETAILERS/MERCHANTS ASSOCIATION, INC.

Principal Place of Business

1301 SUGAR PLUM DR.
 BOCA RATON FL 33486

Mailing Address

1301 SUGAR PLUM DR.
 BOCA RATON FL 33486

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

FIN 01-0663406

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MIRANDA, GONZALO G
677 SW 19TH RD
MIAMI FL 33129

7. Name and Address of New Registered Agent

Name **DONALD SCAGLIONE**

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

703 SOLANA SHORES DR

City **CAPE CANAVERAL**

FL

Zip Code

32920

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

Donald E. Scaglione

DONALD E. SCAGLIONE

7/16/02

Signature, typed or printed name of registered agent and time applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **SLOR, STEVEN A**
 STREET ADDRESS **23112 S.W. 54TH AVE.**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **STD** ☐ Delete
 NAME **SCAGLIONE, DONALD**
 STREET ADDRESS **703 SOLANA SHORES DR. #410**
 CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donald E. Scaglione

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)