

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000022141

1. Entity Name

S & M AUTO MEDIC INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV -6 PM 5:05

Principal Place of Business

5350 N ST ROAD 7  
FT LAUDERDALE FL 33319

Mailing Address

5350 N ST ROAD 7  
FT LAUDERDALE FL 33319

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

65-0402076

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BONAFINO, STEVE  
5350 N ST ROAD 7  
FT LAUDERDALE FL 33319

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 2000 Min. 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 ☐ Delete  
NAME P  
STREET ADDRESS BONAFINO, STEVEN  
CITY-ST-ZIP 6192 B LAUREL LANE  
TAMARAC FL 33319

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
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 06-20-00 90013 003 \$150.00

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  
STREET ADDRESS  
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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00

930-  
735-6583  
Daytime Phone #

CR2E034 (5/00)

2

S&M Auto Medic, Inc.  
5350 N State Road 7  
Fort Lauderdale, FL 33319

November 2, 2000

Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

This letter is to certify that I, Steven Bonafino, did submit \$150.00 to The Division of Corporations on April 2000. As per my conversation with Michelle on November 2, 2000, I was told that the information was imputed into the computer on June 22, 2000.

I am requesting all assessments to be removed from my account because I did submit my report one time. Thank you for your kind cooperation regarding this matter.

Sincerely yours,



Steven Bonafino  
President