

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 11, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # P97000002764****1. Entity Name**

MAROONE DODGE POMPANO, INC.

**Principal Place of Business**

8600 PINES BLVD

PEMBROKE PINES  
33024

FL

US

**Mailing Address**110 SE SIXTH STREET  
20TH FLOOR  
FT LAUDERDALE  
33301

FL

**2. Principal Place of Business**

2300 N FEDERAL HIGHWAY

**3. Mailing Address**

110 SE 6TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
20TH FLOOR

DO NOT WRITE IN THIS SPACE

City & State  
POMPANO BEACH FLCity & State  
FT LAUDERDALE FL**4. FEI Number**

65-0721014

Applied For

Not Applicable

Zip  
33062Country  
USZip  
33301

Country

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROADPLANTATION FL  
33324 US**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)

**04/11/2000**

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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	V	<input type="checkbox"/> Delete
NAME	GRAHAM KEN	
STREET ADDRESS	110 SE 6TH ST, 20TH FL	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	

TITLE	V	<input type="checkbox"/> Delete
NAME	HODGEN BRAD	
STREET ADDRESS	110 SE 6TH ST, 20TH FL	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	

TITLE	CFOV	<input type="checkbox"/> Delete
NAME	REESE DONALD J	
STREET ADDRESS	110 SE 6TH ST, 20TH FL	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	

TITLE	PCFO	<input type="checkbox"/> Delete
NAME	MAROONE MICHAEL E	
STREET ADDRESS	110 SE 6TH ST, 20TH FL	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	

TITLE	DVS	<input type="checkbox"/> Delete
NAME	COLE JAMES O	
STREET ADDRESS	110 SE 6TH ST, 20TH FL	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	

TITLE	D	<input type="checkbox"/> Delete
NAME	HAWKINS THOMAS W	
STREET ADDRESS	110 SE 6TH ST, 20TH FL	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYLE KATHLEEN	
STREET ADDRESS	110 SE 6TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRANDO JONATHAN P	
STREET ADDRESS	110 SE 6TH ST, 20TH FL	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	

TITLE	CFOV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENWICK PAT	
STREET ADDRESS	110 SE 6TH ST, 20TH FL	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAROONE MICHAEL E	
STREET ADDRESS	110 SE 6TH ST, 20TH FL	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	

TITLE	D/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRANDO JONATHAN P	
STREET ADDRESS	110 SE 6TH ST, 20TH FL	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	

TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAROONE MICHAEL E	
STREET ADDRESS	110 SE 6TH ST, 20TH FL	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	

**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** JONATHAN P. FERRANDO

S 04/11/2000