

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90204 008 ***150.00

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DOCUMENT # P97000010559

1. Entity Name

SAWGRASS AUTO, INC.

Principal Place of Business

**MEINEKE
 12585 SUNRISE BLVD
 SUNRISE FL 33323**

Mailing Address

**MEINEKE
 12585 SUNRISE BLVD
 SUNRISE FL 33323**

2. Principal Place of Business

3. Mailing Address

7030 W. Commercial blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lauderhill Florida

4. FEI Number

65-0726340

Applied For

Not Applicable

Zip

Country

Zip

Country

33319

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANTHONY M LIVOTI, JR
 721 NE 3RD AVENUE
 FORT LAUDERDALE FL 33304**

Name

Robert P. Bissonnette

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

800 East Broward blvd.

Ft. Lauderdale

Suite 310

City

FL

Zip Code

33301

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 **Robert P. Bissonnette**

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

(NOTE: Registered Agent signature required when reinstating)

Jan 7 02

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **BONFIGLIO, CHARLES J**
 CITY-ST-ZIP **C/O MEINEKE 12585 W. SUNRISE BLVD
 SUNRISE FL 33323**

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

TITLE ☐ Delete
 NAME **TS**
 STREET ADDRESS **BONFIGLIO, JEANETTE**
 CITY-ST-ZIP **C/O MEINEKE 12585 W. SUNRISE BLVD
 FORT LAUDERDALE FL 33323**

TITLE ☒ Change ☐ Addition
 NAME **TS**
 STREET ADDRESS **Bonfiglio, Jeanette**
 CITY-ST-ZIP **C/O Meineke 12585 W. Sunrise blvd.
 Sunrise, FL 33323**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Charles J. Bonfiglio, Sec. 12585 W. Sunrise Blvd.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02
 Date

954-846-0088
 Daytime Phone #

CR2E034 (9/01)