

UNIFORM BUSINESS REPORT (UBR)DOCUMENT # P970000/0559

1. Entity Name

SAWGRASS AUTO, INC**FILED**
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90225 016 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12585 WEST SUNRISE BLVD

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SUNRISE FLORIDA

City & State

Zip

33323

Country

Zip

Country

4. FEI Number

65-0726340

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ROBERT P. BISSONNETTE, ESQ

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

2550 NW 15 AVENUE

City

Fort Lauderdale

FL

Zip Code

33305**DO NOT WRITE
IN THIS SPACE**

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 reconstituting)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**January 1 - May 1 Fee is \$150.00**
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	<u>DP</u>	<u>CHARLES J BONFIGLIO</u>	
	<u>2629 WESTON ROAD</u>		
	<u>WESTON FL 33331</u>		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles J Bonfiglio, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHARLES J BONFIGLIO4-25-02

Date

Daytime Phone #