

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90074 032 ***150.00

DOCUMENT # P97000078841

1. Entity Name

WESTON AUTO, INC

Principal Place of Business

**MEINEKE
 2629 WESTON RD
 WESTON FL 33331**

Mailing Address

**MEINEKE
 7030 W COMMERCIAL BLVD
 LAUDERHILL FL 33319**

2. Principal Place of Business

3. Mailing Address

12585 W. Sunrise Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sunrise FL

Zip

Country

Zip

Country

33323

4. FEI Number **65-0779287**

Applied For

Not Applicable

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
 FT LAUDERDALE FL 33304**

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 \$150.00
 After MAY 1, 2001 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 **PD** ☐ Delete
 NAME **BONFIGLIO, CHARLES J**
 STREET ADDRESS **C/O MEINEKE 7030 W COMMERCIAL BLVD**
 CITY-ST-ZIP **LAUDERHILL FL 33311**

TITLE ☒ Change ☐ Addition
 NAME **c/o Meineke**
 STREET ADDRESS **12585 W. Sunrise Blvd.**
 CITY-ST-ZIP **Sunrise, FL 33323**

TITLE **TS** ☐ Delete
 NAME **BONFIGLIO, JEANETTE**
 STREET ADDRESS **C/O MEINEKE 7030 W COMMERCIAL BLVD**
 CITY-ST-ZIP **LAUDERHILL FL 33311**

TITLE ☒ Change ☐ Addition
 NAME **c/o Meineke**
 STREET ADDRESS **12585 W. Sunrise Blvd.**
 CITY-ST-ZIP **Sunrise, FL 33323**

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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:

J. Bonfiglio **J. Bonfiglio**
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/2000
 Date

954-846-0088
 Daytime Phone #

CR2E034 (10/00)