

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

04-08-2002 90204 007 \*\*\*150.00

0031863 AV

**DOCUMENT # P97000078841**

**1. Entity Name**  
**WESTON AUTO, INC**

**Principal Place of Business**

**MEINEKE**  
**2629 WESTON RD**  
**WESTON FL 33331**

**Mailing Address**

**12585 W. SUNRISE BLVD**  
**FORT LAUDERDALE 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 FL**

**Zip**

**Country**

**Zip**

**Country**

**33319**

**US**

**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**

**Robert Bissanette**

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

**800 East Broward Blvd.**

**Suite 310**

**City**

**Ft. Lauderdale.**

**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 Bissanette

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**1-7-02**

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

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

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

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

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**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, Sec.  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

**01-07-02**

CR2E034 (9/01)