2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

SIGNATULE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # 286859 Jan 19, 2000 8:00 am 1. Entity Name 2570 CORPORATION **Secretary of State** 01-19-2000 90119 049 ***150.00 Principal Place of Business Mailing Address 2570 SOUTH FEDERAL HIGHWAY 2570 SOUTH FEDERAL HIGHWAY PALM BEACH FL 33435 PALM BEACH FL 33435-7764 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1161606 Not Applicable Country ~ Country \$8.75 Additional 5. Certificate of Status Desired Pee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Zuaro KARCHER, DONALD 2570 SO. FEDERAL HWY #10 **SUITE 6 BOYNTON BCH FL 33435** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ■ Delete TITLE TITLE Karchér, Donald NAME NAME AL Zuaro - President STREET ADDRESS STREET ADDRESS 2570XS FEWERAL HWY #10 BOYNTON BEACH FL CITY-ST-ZIP CITY-ST-ZIP 🔀 Delete TITLE ZUARO, AL NAME 2570 S FEDERAL HWY #15 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BOYNTON BCH. FL TITLE ☐ Delete TITLE DESTEFANO, WILLIAM NAME 2570 S FEDERAL HWY #17 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOYNTON BCH. FL** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE PAFENBACH, BETTY NAME 2570 S. FEDERALHWY #16 STREET AODRESS STREET ADDRESS **BOYNTON BEACH FL** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE SIRANNI, JOSEPH NAME NAME 2570 S. FEDERAL HWY #7 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL** ☐ Addition ☐ Change TITLE A Delete TITLE WOOD, LOUISE NAME NAME 2570 S. FEDERAL HWY #4 STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL** CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.