

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P00000 101776**

1. Entity Name

MINEO & DELLA PINA, P.A.

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90190 001 ****75.00

05-14-2002 90190 002 ****75.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

633 SE 3rd Avenue

Suite, Apt. #, etc.

Suite 4-F

City & State

Port LAUDERDALE, FL

Zip

33301

Country

USA

3. Mailing Address

633 SE 3rd Avenue

Suite, Apt. #, etc.

Suite 4-F

City & State

Port LAUDERDALE, FL

Zip

33301

Country

USA

4. FEI Number

65-1155094

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Peter Mineo, JR.

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

633 SE 3rd Avenue, Suite 4-F

City

Port 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

Peter Mineo, JR.

4-30-02

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) ☐

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Director
Peter Mineo, JR.
633 SE 3rd Avenue, Suite 4-F
Port LAUDERDALE, FL 33301

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Director
Peter W. Dellapina
633 SE 3rd Avenue, Suite 4-F
Port LAUDERDALE, FL 33301

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Peter Mineo, JR.

4-30-02

(954) 463-8100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone