## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

P97000100549

1. Entity Name

2201 POMPANO, INC.



## **FILED** Jan 10, 2003 8:00 am Secretary of State 01-10-2003 90029 036 \*\*\*158.75

					TOO WE THE	<b>.</b>		
Principal Place of Business 2201 NW 16 ST POMPANO BEACH FL 33069			Mailing Address 1730 S FEDERAL HWY SUITE 284 DELRAY BEACH FL 33483					
2. Principal f	Place of Busin	ess	3. Mailing Address					01010 1011 1021
Suite, Apt	. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & Sta	te		City & State			4. FEI Number 65-0796445 Applied For Not Applicable		
Zip Country			Zip Country		5. Certificate of Status Desired	\$8.75 Ad	ditional	
	6. Name	and Address of Current	Registered Agent	- 1		7. Name and Address of New Registered Agent		
- 1	• • • •	and Address of Darren	riogistered Agent		Name	7. Name and Address of New Aegister	eu Agent	
BIANCHINI, JASON					Street Address (P.O. Box Number is Not Acceptable)			
1730 S FEDERAL HWY SUITE 284						(v.o. Box volitical to proceeding)		
DELRAY BEACH FL 33483					City FL Zip Code			le
8. The above the obligat	named entity	submits this statement for	or the purpose of changin	g its registere	d office or register	red agent, or both, in the State of Florida. I		and accept
SIGNATURE .		<del></del>						
	Signature, typeo o	or printed name of registered agent	and title if applicable.	(NOTE: Registered	Agent signature required	d when reinstating) DA	ΓE	1
Afte	r May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department o	4 State			Election Campaign Financing     Trust Fund Contribution.	_ +	00 May Be
	C rayable 10	Florida Department o	or State					
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR:	S IN 11
TITLE NAME	PVST BIANCHINI,		☐ Delete	TITLE NAME		7.7%	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP		DERAL HWY EACH FL 33483			T ADDRESS ST-ZIP			
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NAME	BIANCHINI,	JASON		NAME				
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12. hereby c	ertify that the	information supplied with	the filing does not qualify	for the even	ention stated in So.	otion 110 07/2\/i) Elorido Etatutos I further		,

indicated on this report or 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 repeiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE!

FREDLYRED BIANCHINI SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR