

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016264

1. Entity Name

PESCE FAMILY CORPORATION

Principal Place of Business

19300 N.E. 22ND AVENUE
NORTH MIAMI BEACH FL 33180

Mailing Address

19300 N.E. 22ND AVENUE
NORTH MIAMI BEACH FL 33180-2106

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0816105

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

PESCE, ELEANOR
19300 N.E. 22ND AVENUE
NORTH MIAMI BEACH FL 33180

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, 2000 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

TITLE PSTD ☐ Delete
NAME PESCE, ELEANOR
STREET ADDRESS 19300 NE 22 AVE
CITY-ST-ZIP MIAMI FL 33180

TITLE VPD ☐ Delete
NAME PESCE, PAUL
STREET ADDRESS 19300 NE 22 AVE
CITY-ST-ZIP MIAMI FL 33180

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add
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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)(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 an other like empowered.

SIGNATURE: *Eleanor Pesce*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 1 - 2000

Date

Daytime Phone #

FILED

00 FEB -3 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0816105 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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