

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90150 022 ***150.00

DOCUMENT # 285196

1. Entity Name
2460 CORPORATION

Principal Place of Business
**2460 SOUTH FEDERAL HIGHWAY
 BOYNTON BEACH FL 33435**

Mailing Address
**2460 SOUTH FEDERAL HIGHWAY
 BOYNTON BEACH FL 33435**

2. Principal Place of Business

3. Mailing Address
c/o ASSEN MGMT GROUP

Suite, Apt. #, etc.

Suite, Apt. #, etc.
7187 THOMPSON ROAD

City & State

City & State
BOYNTON BEACH FL

4. FEI Number **59-1387070**

Applied For
 Not Applicable

Zip

Country

Zip
33426

Country
USA

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

**BENCIVENGA, MARYLOU
 2460 S FED HWY
 APT 1
 BOYNTON BEACH FL 33435**

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 *Janet Huchaby* **3-31-01**
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, 2001 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	PT	<input type="checkbox"/> Delete
NAME	O'DONNELL, JAMES	
STREET ADDRESS	2460 S. FEDERAL HWY., #17	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	TACELLI, RICHARD	
STREET ADDRESS	2460 S. FEDERAL HWY., #20	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KORNMEYER, HAROLD	
STREET ADDRESS	2460 S FED HWY #6	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CARCHIOI, SAM	
STREET ADDRESS	2460 S. FEDERAL HWY., #12A	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURRAY, ROBERT	
STREET ADDRESS	2460 S FED HWY #3	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	S	<input type="checkbox"/> Delete
NAME	BENCIVENGA, MARYLOU	
STREET ADDRESS	5466 S FEDERAL HWY #1	
CITY-ST-ZIP	BOYNTON BCH FL 33435	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *James O'Donnell* **JAMES O'DONNELL** **3/26/01** **561-374-8926**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (10/00)