

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90231 006 ***150.00

DOCUMENT # 286669

1. Entity Name
IMPERIAL WOODBURY, INC.

Principal Place of Business

**1815 N SURF RD
HOLLYWOOD FL 33019**

Mailing Address

**1815 N SURF RD
HOLLYWOOD FL 33019**

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

59-1142585

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**TEITELBAUM, GERALD
1820 BAY ROAD
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name

AARON CHURBA

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

MUSTANG HOLDINGS, LLC

326 E. HALLANDALE BEACH BLVD

City

HALLANDALE, FL.

FL

Zip Code

33009

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, 2002 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	SD	<input checked="" type="checkbox"/> Delete
NAME	DECIUTILIS, MARIO	
STREET ADDRESS	612 SHAKER RD	
CITY-ST-ZIP	LONGMEADOW MA 01106-2417	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PALOZZI, DOMENIC	
STREET ADDRESS	1815 N SURF RD	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PALOZZI, CHRISTIE	
STREET ADDRESS	1815 N SURF RD	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POPOLIZIO, JR. VINCENT	
STREET ADDRESS	1803 SHETLAND ROAD	
CITY-ST-ZIP	NAPERVILLE IL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PALOZZI PALUMBO, LOIS	
STREET ADDRESS	1815 N. SURF RD	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JACQUES, CLAUDE	
STREET ADDRESS	508 EDWARD STREET, HEARST, ONTARIO	
CITY-ST-ZIP	CANADA PO	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AARON CHURBA	
STREET ADDRESS	660 OLEANDER DR	
CITY-ST-ZIP	HALLANDALE, FL. 33009	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKE DAIAGI	
STREET ADDRESS	612 OLEANDER DRIVE	
CITY-ST-ZIP	HALLANDALE, FL. 33009	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE OF REGISTERED AGENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

1/29/02

800-
327-1574