

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 393362

1. Entity Name

BISON ENTERPRISES, INC.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90024 036 ***150.00

Principal Place of Business

Mailing Address

12201 NW 35TH ST.
BAY 310
CORAL SPRINGS FL 33065
US

2651 NORTHWEST 115 TERRACE
CORAL SPRINGS FL 33065-3433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1401760

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CUSANELLI, CARL J
2651 NORTHWEST 115 TERRACE
CORAL SPRINGS FL 33065

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	CUSANELLI, JOSEPH H.	
STREET ADDRESS	2651 NW 115TH TERRACE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CUSANELLI, DAVID J.	
STREET ADDRESS	2651 NW 115TH TERRACE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CUSANELLI, CARL J	
STREET ADDRESS	2651 NW 115TH TERRACE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUSANELLI, THOMAS	
STREET ADDRESS	2651 NW 115TH TERRACE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUSANELLI, JOHN A	
STREET ADDRESS	2651 NW 115TH TERR.	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUSANELLI, CARL J JR	
STREET ADDRESS	2651 NW 115 TERR	
CITY-ST-ZIP	CORAL SPGS FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cusanelli, Peter M	
STREET ADDRESS	2651 NW 115TH Terrace	
CITY-ST-ZIP	Coral Springs FL	
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		
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:

Carl J. Cusanelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SECRETREAS

3/07/00

Date

954 752-2768

Daytime Phone #

CR2E034 (9/99)