

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90128 027 \*\*\*150.00

DOCUMENT # 402820

1. Corporation Name  
BUCOLO REAL ESTATE INC.

Principal Place of Business

10454 TAFT ST  
PEMBROKE PINES FL 33026  
US

Mailing Address

10454 TAFT ST  
PEMBROKE PINES FL 33026  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1972

4. FEI Number

59-1402253

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 10452 Taft St., Pembroke Pines 10452 Taft St., Pembroke  
Suite, Apt. #, etc. Suite, Apt. #, etc. Pines

City & State

23 Pembroke Pines, FL  
Zip Country

24 33026 25 USA

2a. Mailing Address

27 10452 Taft St., Pembroke  
Suite, Apt. #, etc. Pines

City & State

28 Pembroke Pines, FL  
Zip Country

29 33026 30 USA

9. Name and Address of Current Registered Agent

SCRIMA, DONNA M.  
2181 N 94TH AVE  
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Donna M. Scrima*  
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

4/28/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SCRIMA, DONNA M.  
STREET ADDRESS 2181 NW 94TH AVE  
CITY-ST-ZIP PEMBROKE PINES, FL 00000

TITLE VD ☐ DELETE

NAME HUTCHINS, ROSEANN  
STREET ADDRESS 10720 PARIS ST.  
CITY-ST-ZIP COOPER CITY FL

TITLE TD ☐ DELETE

NAME SCRIMA, BERNARDA  
STREET ADDRESS 2181 NW 94 AVE  
CITY-ST-ZIP PEMBROKE PINES FL

TITLE MS ☐ DELETE

NAME HUTCHINS, CHRISTOPHER A.  
STREET ADDRESS 10720 PARIS ST  
CITY-ST-ZIP COOPER CITY FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Donna M. Scrima*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

954-437-7355

Daytime Phone #

CR2E034 (11/98)