

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 553697

1. Entity Name

NINO'S PLASTERING, INC.

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90199 050 ***150.00

0270612

Principal Place of Business Mailing Address
13711 S.W. 16 STREET 13711 SW 16TH ST.
DAVIE FL 33325 DAVIE FL 33325
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1767661 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRACCIALE, NINO
13711 SW 16TH
DAVIE FL 33325

7. Name and Address of New Registered Agent

Name JANE BRACCIALE
Street Address (P.O. Box Number is Not Acceptable)
13711 SW 16 ST.
City DAVIE, FL Zip Code 33325

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 Jane Bracciale JANE BRACCIALE DATE MAR 12, 2001
(NOTE: Registered Agent signature required when reinstating)

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

TITLE PT
NAME BRACCIALE, JANE
STREET ADDRESS 13711 SW 16 STREET
CITY-ST-ZIP DAVIE FL ☐ Delete

TITLE VS
NAME BRACCIALE, NINO
STREET ADDRESS 13711 SW 16 STREET
CITY-ST-ZIP DAVIE FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES. Vice Pres. Treasurer
NAME JANE BRACCIALE
STREET ADDRESS 13711 SW 16 ST.
CITY-ST-ZIP DAVIE, FL 33325 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Jane Bracciale JANE BRACCIALE 3/12/01 954 236-6869
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)