

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 668074**

1. Entity Name:

**CAMPANIELLO IMPORTS OF FLORIDA, INC.****FILED****01 OCT -2 PM 12:45****SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**225 EAST 57TH STREET  
NEW YORK NY 10022**

Mailing Address

**225 EAST 57TH STREET  
NEW YORK NY 10022**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**180 N.E. 39th Street  
Miami, FL 33137**

City &amp; State

4. FEI Number **13-3036890**

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

Name:

**SHEL, THEUS J., ESQ.  
C/O BRITTEN AND KANTER  
1 EAST BROWARD BLVD., SUITE 1203  
FT. LAUDERDALE FL 33307****Thomas Campaniello  
180 N.E. 39th Street  
Miami, FL 33137**

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD CAMPANIELLO, THOMAS 225 E. 57TH STREET NEW YORK NY	<input type="checkbox"/>		<input type="checkbox"/>
ST CAMPANIELLO, THOMAS 225 E. 57TH STREET NEW YORK NY	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)