

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90149 013 ***150.00

DOCUMENT # 668074

1. Entity Name
CAMPANIELLO IMPORTS OF FLORIDA, INC.

Principal Place of Business

**180 N.E. 39TH STREET
MIAMI FL 33137**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & 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

**CAMPANIELLO, THOMAS
180 N.E. 39TH STREET
MIAMI FL 33137**

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. I am familiar with, and accept the obligations of registered agent.

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 13, 2002 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
**PD
CAMPANIELLO, THOMAS
225 E. 57TH STREET
NEW YORK NY** ☐ Delete

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

TITLE
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CAMPANIELLO, THOMAS
225 E. 57TH STREET
NEW YORK NY** ☐ Delete

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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 line empowered.

SIGNATURE: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/14/2002

CR2E034 (4/02)

Attachment

CAMPANIELLO IMPORTS OF FLORIDA, INC.
225 EAST 57TH STREET
NEW YORK, NY 10022

975741

#668074

August 14, 2002

Florida Dept. of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Uniform Business Report

Dear Ms/Sirs:

Attached is our check for \$150.00 representing the original filing fee.

We respectfully request that you waive the late fee. Since 9/11/2001 our mail has been very erratic. We did not receive the prior notice.

Very truly yours,

X

Thomas Campaniello
President