

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90011 019 ***150.00

DOCUMENT # 857167

1. Entity Name
D. CARDI, INC.

Principal Place of Business

23260 BOCA TRACE DR
 BOCA RATON FL 33433
 US

Mailing Address

23260 BOCA TRACE DR
 BOCA RATON FL 33433
 US

SEE CHANGE BELOW

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **05-0318652**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARDI, DOMENICO
23260 BOCA TRACE DR.
BOCA RATON FL 33433

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME Delete
PVS
CARDI, DOMENICO
 STREET ADDRESS **23260 BOCA TRACE DR**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE NAME Change Addition
CARDI DOMENICO
 STREET ADDRESS **4720 NE 22 AVE**
 CITY-ST-ZIP **Lighthouse Point FL 33064**

TITLE NAME Delete
TD
CARDI, DOMENICO
 STREET ADDRESS **23260 BOCA TRACE DR**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE NAME Change Addition
CARDI DOMENICO
 STREET ADDRESS **4720 NE 22 AVE**
 CITY-ST-ZIP **LIGHTHOUSE PT. FL 33064**

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME 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: *+ Domenico Cardi*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01 954-942-6497
 Date Daytime Phone #

CR2E034 (10/00)