

DOCUMENT # F13434



06 JUN 22 PM 1:38

Mailing Address
6811 N.W. 15TH AVE.
FT LAUDERDALE, FL 33309

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Zip

Country

06192006 Chg-P CR2E034 (11/05)

4. FEI Number
59-2052594

Applied For	
Not Applicable	

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

PAMPENELLA, SAMUEL, JR
6811 N.W. 15TH AVE.
FT. LAUDERDALE, FL 33309

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 reinstalling)

DATE _____

Amended AR is \$61.25

9. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	PAMPENELLA, SAMUEL, JR	
STREET ADDRESS	6811 N.W. 15TH AVE.	
CITY - ST - ZIP	FT. LAUDERDALE, FL	

TITLE	S	<input type="checkbox"/> Delete
NAME	BUXBAUM, KIM	
STREET ADDRESS	6811 N.W. 15TH AVE.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	

TITLE	V	<input type="checkbox"/> Delete
NAME	PAMPENELLA, SANDRA	
STREET ADDRESS	6811 N.W. 15TH AVE.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	

TITLE	M	<input type="checkbox"/> Deleted
NAME	MILLER, ALAN	
STREET ADDRESS	6811 NW 15 AVE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	0000077087520 <input type="checkbox"/> Addition
NAME	07/06/06--01046--019 **61.25
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CHRISTOPHER COLLINS		
STREET ADDRESS	6811 NW 15TH AVE		
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DANIEL BURBAUM		
STREET ADDRESS	6811 NW 15TH AVE		
CITY-ST-ZIP	Fort Lauderdale FL 33306		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/06
Date

(954) 975-0227