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

## **FILED** Mar 28, 2001 8:00 am Secretary of State DOCUMENT # F51159 1. Entity Name JAMES V. CAMMISA, JR., INC. 03-28-2001 90071 014 \*\*\*150.00 Principal Place of Business Mailing Address PO BOX 6616 PO BOX 6616 MIAMI FL 33154 MIAM! FL 33154 301401 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2131765 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee.Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CAMMISA, JAMES V., JR. Street Address (P.O. Box Number is Not Acceptable) 10150 COLLINS AVENUE BAL HARBOUR FL 33154 City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITI F TITLE CAMMISA, JAMES V., JR. NAME NAME 10150 COLLINS AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BAL HARBOUR FL ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: