

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02853890 AV

DOCUMENT # F59841

1. Entity Name
DENUNZIO INCENTIVES, INC.

02-01-2002 90014 020 ***150.00

Principal Place of Business Mailing Address
~~20161 N.E. 16TH PLACE~~ ~~20161 N.E. 16TH PLACE~~
~~N. MIAMI BEACH FL 33179~~ ~~N. MIAMI BEACH FL 33179~~



2. Principal Place of Business 3. Mailing Address
115 MADEIRA AVE **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
2ND FLOOR

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number 59-2149139 Applied For Not Applicable
CORAL GABLES, FL
 Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
33134 USA

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
DENUNZIO, ARTHUR G JR Name
20161 NE 16TH PLACE Street Address (P.O. Box Number is Not Acceptable)
N MIAMI BCH FL 33179 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 *Arthur G. Denunzio* 11/7/02
 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 \$150.00**
After May 1, 2002 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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENUNZIO, ARTHUR G., JR.		NAME		
STREET ADDRESS	20161 N E 16TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENUNZIO, LISA		NAME		
STREET ADDRESS	20161 N E 16TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Arthur G. Denunzio* 11/7/02 305-445-1960
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)