

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F68113

1. Entity Name

IANDIMARINO, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90105 018 ***150.00

Principal Place of Business

Mailing Address

2811 NE 40TH COURT
LIGHTHOUSE POINT FL 33064

2811 NE 40TH COURT
LIGHTHOUSE POINT FL 33064-8463

B0007233

2. Principal Place of Business

3. Mailing Address

3110 S. FEDERAL HIGHWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DELRAY BEACH, FLA.

4. FEI Number

59-2229678

Applied For

Not Applicable

Zip

Country

Zip

Country

33444

USA

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

IANDIMARINO, DOMONIC
2811 NE 40TH CT
LIGHTHOUSE PT. FL 33064

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

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, 2000 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

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"/> Additio
NAME	IANDIMARINO, DOMONIC	NAME	
STREET ADDRESS	2811 NE 40TH CT	STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	CITY-ST-ZIP	
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NAME	IANDIMARINO, DEBORAH	NAME	
STREET ADDRESS	2811 NE 40TH COURT	STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	CITY-ST-ZIP	
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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Domonic Iandimarino Domonic Iandimarino President 1/25/00 954-783-1324