## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATUR

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## **DOCUMENT # F72232** May 05, 2000 8:00 am Secretary of State 1. Entity Name RALPH D. DENUZZIO & ASSOCIATES, INC. 05-05-2000 90091 021 \*\*\*158.75 Principal Place of Business Mailing Address 6100 BOULEVARD OF CHAMPIONS 6100 BOULEVARD OF CHAMPIONS NORTH LAUDERDALE FL 33068-3902 NORTH LAUDERDALE FL 33068 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2195548 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DENUZZIO, RALPH D Street Address (P.O. Box Number is Not Acceptable) 6100 BOULEVARD OF CHAMPIONS NORTH LAUDERDALE FL 33068 Zip Code City 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 FILE:NOWIII-FEE:IS-\$150:00== \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME DENUZZIO, RALPH D STREET ADDRESS STREET ADDRESS 8961 N LAKE DASHA DRIVE CITY-ST-ZIP CITY-ST-7IP PLANTATION FL Change ☐ Addition ☐ Delete TITLE NAME DENUZZIO, EDITH STREET ADDRESS STREET ADDRESS 8961 N LAKE DASHA DR CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 ☐ Change ☐ Addition Delete TITLE NAME NAME PROUD, DONALD P. STREET ADDRESS STREET ADDRESS 6100 BOULEVARD OF CHAMPIONS CITY-ST-ZIP CITY-ST-ZIP NORTH LAUDERDALE FL 33068 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete 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-7IP CITY-ST-ZIP 13. I hereby certify that the information, supplied with this filling 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 onlan attachment with an address, with all other like empowered.