

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Oct 03, 2002 8:00 am**  
**Secretary of State**  
 10-03-2002 90050 005 \*\*\*150.00

DOCUMENT # **F98000004045**

1. Entity Name  
**MICHAEL BIAMONTE AND ASSOCIATES, INC.**

Principal Place of Business Mailing Address  
**139 FULTON ST 139 FULTON ST**  
**NEW YORK NY 10038 NEW YORK NY 10038**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country  
**403**  
**Clearwater, FL**  
**33756 USA**

3. Mailing Address Suite, Apt. #, etc. City & State Zip Country  
**403**  
**Clearwater, FL**  
**33756 USA**

4. FEI Number **13-3641170** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BIAMONTE, MICHAEL**  
**% PERFECTLY BALANCED BOOKS**  
**133 GARDEN AVE N.**  
**CLEARWATER FL 33755**

**7. Name and Address of New Registered Agent**

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]* 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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP BIAMONTE, MICHAEL 733 WEATHERSFIELD DR DUNEDIN FL 34698-7437 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COPPOLI, ELIZABETH 133 GARDEN AVE N. CLEARWATER FL 33755 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 611 Druid Rd E #403 Clearwater, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (4/02)

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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **10/1/02** Daytime Phone #

Attachment  
Doc. # F98000004045-  
181546

**Michael Biamonte & Associates, Inc.**

139 Fulton Street #507  
New York, NY 10038  
[ECoppoli@lampobay,rr.com](mailto:ECoppoli@lampobay,rr.com)

October 1, 2002

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

RE: F98000004045 / 13-3641170

Dear Sir or Madam:

We recently received the Uniform Business Report stating the due date of September 13, 2002 and corresponding fees. However, we did not receive any prior notice and thus it appears that we are late in filing.

We are enclosing a check for \$150.00; the original filing fee amount. We are requesting that the late penalties be waived. In the future if you should send the report to:

Michael Biamonte & Associates, Inc.  
c/o Perfectly Balanced Books, Inc.  
611 Druid Road E, #403  
Clearwater, FL 33755

Respectfully,

  
Elizabeth Coppoli  
Treasurer