## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 06, 2001 8:00 am DOCUMENT # F9800005586 **Secretary of State** JOHN TURANO & SONS, INC. 02-06-2001 90049 006 \*\*\*150.00 Principal Place of Business Mailing Address 80 RICHARDS ST 80 RICHARDS ST BROOKLYN NY 11231 **BROOKLYN NY 11231** 915446 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 11-2064659 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FEINBERG, JEFF Street Address (P.O. Box Number is Not Acceptable) 4000 HOLLYWOOD BLVD., SUITE 350 HOLLYWOOD FL 33021 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) Addition TITLE ☐ Delete TITLE Change TURANO, GIACOMP NAME NAME **80 RICHARDS ST** STREET ADDRESS STREET ADDRESS **BROOKLYN NY 11231** CITY-ST-ZIP CITY-ST-ZIP ☐ Change [ Addition TITLE ☐ Delete TITLE TURANO, FRANK NAME NAME **80 RICHARDS ST** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BROOKLYN NY 11231** CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change TURANO, JOHN NAME NAME **80 RICHARDS ST** STREET ADORESS STREET ADDRESS **BROOKLYN NY 11231** CITY-ST-7IP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE TURANO, ROSA NAME NAME **80 RICHARDS ST** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BROOKLYN NY 11231** CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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 eath; 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