

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State
 05-11-2000 90308 016 ***150.00

DOCUMENT # G25322
 1. Entity Name
THE DOOR DOCTOR OF SOUTH FLORIDA INC.

Principal Place of Business % MICHAEL CHICHELLI 1188 NE 47TH ST., OAKLAND PK. FT. LAUDERDALE FL 33334	Mailing Address % MICHAEL CHICHELLI 1188 NE 47TH ST., OAKLAND PK. FT. LAUDERDALE FL 33334-4826
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip	
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4. FEI Number 59-2266033	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
CHICHELLI, MICHAEL
1188 NE 47TH ST., OAKLAND PK.
FT. LAUDERDALE FL

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.

SIGNATURE _____ (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
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RANDAZZO, SALVATORE 23195 SW 61 AVE BOCA RATON FL ST RANDAZZO, CINDY 6984 NW 7 CT MARGATE FL 33063	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHICHELLI, MICHAEL 1719 NE 58 ST. FT. LAUDERDALE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 life empowered.

SIGNATURE: MICHAEL F. CHICHELLI Date: 4/29/2000 Daytime Phone #: 954-491-0039

CR2E034 (9/99)