

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 08:00 AM
Secretary of State

DOCUMENT # G34455

1. Entity Name

PAGE ONE ENTERPRISES, INC.

Principal Place of Business

728 NW 6TH AVE

FT LAUDERDALE

33311

US

FL

Mailing Address

P.O. BOX 967

FT. LAUDERDALE

33311

US

FL

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 967

Suite, Apt. #, etc.

City & State

City & State

FT. LAUDERDALE

FL

Zip

Country

Zip

Country

333020967

US

4. FEI Number

59-2298545

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**MORGAMAN, PHILIP E.****1600 W COMMERCIAL BLVD****FT. LAUDERDALE****33309****US****FL****7. Name and Address of New Registered Agent**

Name

VIGGIANI JOHN ESO

Street Address (P.O. Box Number is Not Acceptable)

540 N.E. 4TH STREET

City

FT. LAUDERDALE**FL**

Zip Code

33301

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 **JOHN VIGGIANI ESO**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

04/27/2000

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> Delete
NAME	CASALE, RICHARD A	
STREET ADDRESS	1271 NW 95 AVE	
CITY-ST-ZIP	PLANTATION FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASALE, RICHARD A.	
STREET ADDRESS	1271 NW 95 AVE	
CITY-ST-ZIP	PLANTATION FL 33322	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 all other like empowered.

SIGNATURE: **RICHARD A. CASALE**

04/27/2000