

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G51985

1. Entity Name

D'ARIA REALTY FAIR, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90148 020 ***150.00

Principal Place of Business

1614 N. 28TH COURT
HOLLYWOOD FL 33020

Mailing Address

1614 N. 28TH COURT
HOLLYWOOD FL 34990-3111

2. Principal Place of Business

3230 SW ALEXANDER CT

Suite, Apt. #, etc.

3. Mailing Address

3230 SW ALEXANDER CT

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PALM CITY, FLORIDA

City & State

PALM CITY, FLORIDA

Zip

34990

Country

USA

Zip

34990

Country

USA

4. FEI Number

59-1537509

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

D'ARIA, FLORA
1614 N. 28TH COURT
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name
ANTHONY J REITANO, CPA
Street Address (P.O. Box Number is Not Acceptable)
400 SOUTH DIXIE HIGHWAY
SUITE #128
City
BOCA RATON FL Zip Code
33432

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

Anthony J Reitano

ANTHONY J REITANO

4-27-00

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 \$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

11. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> Delete
NAME	D'ARIA, FLORA	
STREET ADDRESS	1614 N. 28TH COURT	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	D'ARIA, FLORA	
STREET ADDRESS	1614 N. 28TH COURT	
CITY-ST-ZIP	HOLLYWOOD 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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3230 SW ALEXANDER CT	
STREET ADDRESS	PALM CITY, FLORIDA 34990	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3230 SW ALEXANDER CT	
STREET ADDRESS	PALM CITY, FLORIDA 34990	
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:

Flora D'Aría
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 6 2000 (561) 221-7766
Date Daytime Phone #

CR2E034 (9/99)