

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # G60166**

1. Entity Name

DON AND RUSS SALES, INC.**FILED****Apr 27, 2001 8:00 am**
Secretary of State

04-27-2001 90243 002 ***150.00

Principal Place of Business

Mailing Address

C/O ANTHONY OROPALLO
10780 NW 29TH MANOR
SUNRISE FL 33322**C/O ANTHONY OROPALLO**
10780 NW 29TH MANOR
SUNRISE FL 33322

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2361454**

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

7. Name and Address of New Registered Agent

OROPALLO, ANTHONY
10780 NW 29TH MANOR
SUNRISE FL 33322

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	OROPALLO, JOYCE	
STREET ADDRESS	10780 NW 29TH MANOR	
CITY-ST-ZIP	SUNRISE, FL 00000	
TITLE	V	<input type="checkbox"/> Delete
NAME	OROPALLO, ANTHONY	
STREET ADDRESS	10780 NW 29TH MANOR	
CITY-ST-ZIP	SUNRISE FL	
TITLE		<input type="checkbox"/> Delete
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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: *M. Joyce Oropallo*

M. Joyce Oropallo, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date ☒

Daytime Phone #

(954) 722-1077

CR2E034 (10/00)