

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90109 031 ***150.00

DOCUMENT # G61699

1. Entity Name

SAL DIFEDE, INC.

Principal Place of Business

Mailing Address

7777 SW 86TH STREET, STE 215
 MIAMI FL 33143

7777 SW 86TH STREET, STE 215
 MIAMI FL 33143-7229

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2331147

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIFEDE, SALVATORE
7777 SW 86TH STREET, #215
MIAMI FL 33143

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DP	DIFEDE, SALVATORE	7777 SW 86TH STREET 215 MIAMI, FL 00000	<input type="checkbox"/>				<input type="checkbox"/>
DV	DIFEDE, JOHN W.	8821 SW 85 TERR MIAMI FL	<input type="checkbox"/>	DV	John W. DiFede	8101 S.W. 92nd Ct. MIAMI, FL 33173-4167	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DT	VELAZQUES, DARCY L.	16600 SW 199TH ST MIAMI FL 33187	<input type="checkbox"/>				<input type="checkbox"/>
DS	DEL PINO, MARY K.	7450 S.W. 100TH COURT MIAMI FL	<input type="checkbox"/>	DS	Del. Pino, Mary K.	16515 SW 43rd Ter. MIAMI, FL 33165	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	DIFEDE, REGINA A.	7777 SW 86TH ST., STE. 215 MIAMI FL	<input type="checkbox"/>				<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-12-2000

CR2E034 (9/99)