

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90099 039 ***158.75

DOCUMENT # H07676

1. Entity Name

TRIPLE NICKLE ASPHALT PAVING, INC.

Principal Place of Business

Mailing Address

C/O DANIEL W. MAGLIO
6009 N.W. 1ST STREET
MARGATE FL 33063

C/O DANIEL W. MAGLIO
6009 N.W. 1ST STREET
MARGATE FL 33063

2. Principal Place of Business

3300 NW 27th Ave

3. Mailing Address

6009 NW 1st Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano

City & State

MARGATE

Zip

33069

Country

USA

Zip

33063

Country

USA

4. FEI Number

59-2421912

Applied For

Not Applicable

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

MAGLIO, DANIEL W.
6009 N.W. 1ST STREET
MARGATE FL 33063

Name

Renee Maglio

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

6009 NW 1st Street

City

MARGATE

FL

Zip Code

33063

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

Renee Maglio
Renee Maglio
President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-16-01

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 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MAGLIO, DANIEL W.
6009 N.W. 1ST ST.
MARGATE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DSDT
DANIEL MAGLIO
6009 NW 1st Street
MARGATE FL 33063

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DSDT
MAGLIO, RENEE G.
6009 NW 1ST STREET
MARGATE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Renee Maglio
6009 NW 1st Street
MARGATE FL 33063

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
HARTL, PETE
844 BLUE RIDGE CIRCLE
WEST PALM BEACH FL 33409

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
micheline maglio
6238 NW 1st Street
MARGATE FL 33063

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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 like empowered.

SIGNATURE:

Renee Maglio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-16-01 954-971-0984

CR2E034 (10/00)