

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H21520

1. Entity Name

WORLD OF SOUND OF STUART II, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90188 022 ***150.00

Principal Place of Business

Mailing Address

~~251 ROYAL PALM WAY~~
~~%MENDOZA, CALLAS & SCHILLING, P.O. BOX 2715~~
~~PALM BEACH FL 33480-1310~~

~~251 ROYAL PALM WAY~~
~~%MENDOZA, CALLAS & SCHILLING, P.O. BOX 2715~~
~~PALM BEACH FL 33480-1310~~

2. Principal Place of Business

c/o Mendoza and Callas

3. Mailing Address

c/o Mendoza and Callas

Suite, Apt. #, etc.

251 Royal Palm Way, #602

Suite, Apt. #, etc.

251 Royal Palm Way, #602

City & State

Palm Beach, FL

City & State

Palm Beach, FL

4. FEI Number

59-2444048

Applied For

Not Applicable

Zip

33480

Country

USA

Zip

33480

Country

USA

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

MENDOZA, MARIO G. DE ESQ.
~~%MENDOZA, CALLAS & SCHILLING~~
251 ROYAL PALM WAY, SUITE 602
PALM BEACH FL 33480

Name
MENDOZA, MARIO G. DE ESQ.

Street Address (P.O. Box Number is Not Acceptable)
c/o Mendoza and Callas

251 Royal Palm Way, Suite 602

City
Palm Beach

FL

Zip Code

33480

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.

Mario G. de Mendoza, III, Reg. Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/01

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 S ☐ Delete
NAME MENDOZA, MARIO G. DE II
STREET ADDRESS 251 ROYAL PALM WAY
CITY-ST-ZIP PALM BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME CINICOLO, MICHAEL
STREET ADDRESS 251 ROYAL PALM WAY
CITY-ST-ZIP PALM BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME HOLLANDER, HAROLD
STREET ADDRESS 251 ROYAL PALM WAY
CITY-ST-ZIP PALM BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 an other like empowered.

SIGNATURE: *Michael Cinicolo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Cinicolo, Pres.

Date

(561) 691-4434

Daytime Phone #

CR2E034 (10/00)