

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H64226

1. Entity Name

D'ALESSANDRO AND SONS, INC.

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

05-16-2000 90160 018 ***150.00

Principal Place of Business

Mailing Address

4300 MILLER AVE
WEST PALM BEACH FL 33405

4300 MILLER AVE
WEST PALM BEACH FL 33405-2628

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2572244

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

D'ALESSANDRO, THOMAS C.
4300 MILLER AVE
WEST PALM BEACH FL 33405

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

TITLE	PST	<input type="checkbox"/> Delete
NAME	D'ALESSANDRO, THOMAS C.	
STREET ADDRESS	4300 MILLER AVE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	D'ALESSANDRO, THOMAS C.	
STREET ADDRESS	4300 MILLER AVE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	D'ALESSANDRO, T.C., JR.	
STREET ADDRESS	4300 MILLER AVE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	D'ALESSANDRO, MARK A	
STREET ADDRESS	4300 MILLER AVENUE	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	VP	<input type="checkbox"/> Delete
NAME	D'ALESSANDRO, TIMOTHY R	
STREET ADDRESS	4300 MILLER AVENUE	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS C. D'ALESSANDRO 4-24-00

Date

Daytime Phone #

561-832-6039

CR2E034 (9/99)