2000 UNIFORM BUSINESS REPORT (UBR) Feb 08, 2000 8:00 a1 DOCUMENT # **J54364 Secretary of State** SABATELLO DEVELOPMENT CORPORATION IV. INC. 02-08-2000 90170 018 ***150.00 Principal Place of Business Mailing Address 5610 PGA BLVD 5610 PGA BLVD 814000 **SUITE 114** SUITE 114 PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418-3838 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-2772428 Not \$8.75 Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SABATELLO, CARL M. Street Address (P.O. Box Number is Not Acceptable) 5610 PGA BLVD SUITE 114 PALM BEACH GARDENS FL 33418 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00. 10. Election Campaign Financing \$5.00 .. After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to 5 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN OFFICERS AND DIRECTORS 11. PD . ☐ Change TITLE Delete TITLE SABATELLO, CARL M. NAME STREET ADDRESS 5610 PGA BLVD SUITE 114 STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL CITY-ST-ZIP ☐ Change ☐ Delete TITLE SABATELLO, THEODORE P. NAME 5610 PGA BLVD SUITE 114 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL DS. ☐ Change Delete TITLE SABATELLO, MICHAEL NAME 5610 PGA BLVD SUITE 114 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL ☐ Change Delete TITLE TITLE SABATELLO, PAUL NAME 5610 PGA BLVD SUITE 114 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL CITY-ST-ZIP ☐ Change TITLE Oefete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 of the corporation or the receiver or true employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or 2' changed, or on an attachment with an other like empowered. SIGNATURE:

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR