2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State
03-17-2003 91090 039 ***150.00

DOCUMENT # J70119

1. Entity Name
SANTINI & PALERMO, P.A.

Principal Place of Business	Mailing Address
8001 SW 36 ST #10 DAVIE FL 33328	8001 SW 36 ST #10 DAVIE FL 33328

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
4179 DAVIE ROAD		4179 DAVIE ROAD	
Suite, Apt. #, etc. SUITE 200		Suite, Apt. #, etc. SUITE 200	
City & State DAVIE FL		City & State DAVIE FL	
Zip 33314	Country BROWARD	Zip 33314	Country USA

4. FEI Number 65-0003384 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SANTINI, TERRY
8001 S.W. 36TH ST, #10
DAVIE FL 33318

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
4179 DAVIE ROAD #200
City DAVIE FL Zip Code 33314

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SANTINI, TERRY ~~8001 S.W. 36TH ST., #10~~ 4179 DAVIE Rd ~~DAVIE FL 33328~~ DAVIE, FL 33314	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUITE 200	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JACQUELINE, PALERMO ~~8001 SW 36 ST #10~~ 4179 DAVIE Rd ~~DAVIE FL 33328~~ DAVIE FL 33314	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUITE 200	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Terry Santini President 3/1/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #