

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90176 016 ***150.00

DOCUMENT # J96296

1. Entity Name

CANDELACO CORPORATION

Principal Place of Business

Mailing Address

1800 COLONIAL DR
 CORAL SPRING FL 33071
 US

1800 COLONIAL DR
 CORAL SPRINGS FL 33071-7809
 US

2. Principal Place of Business

3. Mailing Address

2025 SE 15 CT

2025 SE 15 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

POMPANO BEACH FL

POMPANO BEACH FL

4. FEI Number

65-0005150

Applied For

Not Applicable

Zip

Country

Zip

Country

33062

BROWARD

33062

BROWARD

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

CANDELA, SALVATORE
1800 COLONIAL DR
CORAL SPRING FL 33021

Name

SALVATORE CANDELA

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

2025 SE 15TH CT

City

POMPANO BEACH

FL

Zip Code

33062

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

2-4-00

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
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **CANDELA, SALVATORE**
 STREET ADDRESS **1371 W TERRA MAR DR**
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ *
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-00

Date

954 946-482

Daytime Phone #