

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K10940

1. Entity Name

FURINO ENTERPRISES INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90094 017 ***150.00

Principal Place of Business

Mailing Address

PO BOX 650355
VERO BEACH FL 32965

PO BOX 650355
VERO BEACH FL 32965-0355

2. Principal Place of Business

826 THRASHER DRIVE

3. Mailing Address

826 THRASHER DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VIERA FLA.

City & State

VIERA FLA.

4. FEI Number

65-0024985

Applied For

Not Applicable

Zip

32955

Country

BREVARD

Zip

32955

Country

BREVARD

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

LAJOIE, ROGER W
660 BEACHLAND BLVD., SUITE 201
VERO BEACH FL 32963

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME FURINO, FRANK JR.
STREET ADDRESS 910 11TH TERRACE
CITY-ST-ZIP VERO BEACH FL 32960

TITLE FURINO, FRANK JR
NAME (ADDRESS)
STREET ADDRESS 826 THRASHER DRIVE
CITY-ST-ZIP VIERA FL 32955

TITLE STD
NAME FURINO, BEN
STREET ADDRESS 1313 MARINERS WAY
CITY-ST-ZIP VERO BEACH FL 32963

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

NOTARIZATION REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-2000

407-297-8551

Date

Daytime Phone #

CR2E034 (9/99)