## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

MARK J. PANCIERA

## K55643 **DOCUMENT #**

1. Entity Name

Principal Place of Business

4200 HOLLYWOOD BLVD

PANCIERA MEMORIAL HOME, INC.



May 05, 2003 8:00 am § Secretary of State **FILED** 05-05-2003 90333 047 \*\*\*150.00

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HOLLYWOOD	FL 33021		4200 HOLLYWOO								
US				HOLLYWOOD FL 33021 US							
2. Principal Place of Business			<del></del>	3. Mailing Address			!		<b>                                    </b>	RIBIS DIBIS SEBI	
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City & State			City & State	City & State		4. 1	4. FEI Number 65-0086407		<b>⊢</b> ————	pplied For	
Zip		Country	Zip	Coun	itry	<del>                                     </del>	Outification of Ottobar Designs		\$8.75 Ac	ot Applicable	
			<u> </u>				5. Certificate of Status Desired			Fee Required	
	6. Name	and Address of Curren	t Registered Agent		Nome	7. N	Name and Address of New Regi	stered .	Agent		
MARK J 1	PANCIERA				Name						
		N VD		Street Address		(P.O. B	lox Number is Not Acceptable)				
4200 HOLLYWOOD BLVD. HOLLYWOOD FL 33021							<del></del>				
					City				Zip Cod		
	<del></del>		<u> </u>	_ <del></del>				FL	• ]		
	named entity ions of regist		or the purpose of char	nging its registere	ed office or registe	ered ag	ent, or both, in the State of Florida	a. Iami	familiar with	, and accept	
SIGNATURE .	Signature, typed	or printed name of registered agen	nt and title if applicable.	(NOTÉ: Registere	d Agent signature require	ed when re	einstating)	DATE	<del></del>		
F	II E NOW!!	! FEE IS \$150.00		<u></u>					•		
		3 Fee will be \$550.00				<ul><li>9. Election Campaign Financing \$5.00 May Be</li><li>Trust Fund Contribution.</li></ul>					
Make Check	Payable to	Florida Department o	of State				nust Fund Continuation.	_	J Adde	u to rees	
10.		OFFICERS AND	DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICE	RS AND	DIRECTOR	S IN 11	
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indicated on this report of supplied with this limit system to under the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report of supplied ental report is the and executed 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 of truefee employed of executed 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:

SIGNATURE AND TYPED OR PONTED NAME OF SIGNING OFFICER OR DIRECTOR

QUIFMark J. Panciera

5/1/03

(954) 989-9900