

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 07, 2001 8:00 am
Secretary of State

05-07-2001 90035 003 ***158.75

DOCUMENT # K88168

1. Entity Name

EL PUNTO MOBIL HOMES, INC.

Principal Place of Business

**5391 ANGUS AVE.
ORLANDO FL 32810
US**

Mailing Address

**831 MYSTIC OAK PLACE
APOPKA FL 32712
US**

2. Principal Place of Business

3405 N. O.B.T.

3. Mailing Address

Suite, Apt. #, etc.

City & State

ORLANDO, FLA.

City & State

4. FEI Number

59-3115786

Applied For

Not Applicable

Zip

Country

32804

USA

Zip

Country

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

**CICCARELLO, SALVATORE
3320 N ORANGE BLOSSOM TRAIL
ORLANDO FL 32804**

Name

CICCARELLO, SALVATORE

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

831 MYSTIC OAK PL.

City

APOPKA FLA.

FL

Zip Code

32712

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 *Salvatore Ciccarello* **SALVATORE CICCARELLO** **4/16/01**

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, 2001 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	D	<input checked="" type="checkbox"/> Delete
NAME	CICCARELLO, SALVATORE	
STREET ADDRESS	5391 ANGUS AVE.	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRENDA L. MCGUANE	
STREET ADDRESS	5391 ANGUS	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CICCARELLO, SAL	
STREET ADDRESS	831 MYSTIC OAK PL.	
CITY-ST-ZIP	APOPKA, FLA. 32712	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CICCARELLO, BRENDA L	
STREET ADDRESS	831 MYSTIC OAK PL.	
CITY-ST-ZIP	APOPKA FLA. 32712	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Salvatore Ciccarello **SALVATORE CICCARELLO** **4/16/01** **(407) 297-401**

CR2E034 (10/00)