

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

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90467 036 ***150.00

DOCUMENT # L19538

1. Entity Name

BATTISTA MGMT. CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2835 N. COURSE DR.

3. Mailing Address

2835 N. COURSE DR.

Suite, Apt. #, etc.

#101

Suite, Apt. #, etc.

#101

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

Zip

33069

Country

USA

Zip

33069

Country

USA

B0068614

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0157362

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name BATTISTA ANTHONY G.

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

2835 N. COURSE DRIVE

#101

City POMPANO BEACH, FL

Zip Code 33069

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IN THIS SPACE**

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.) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE DPT
NAME BATTISTA, ANTHONY G.
STREET ADDRESS 2835 N. COURSE DRIVE #101
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE VPS
NAME BATTISTA, JOAN A.
STREET ADDRESS 2835 N. COURSE DRIVE #101
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Anthony G. Battista ANTHONY G. BATTISTA President (954) 527-2601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #