

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L33206

1. Entity Name

PETER LETTERESE AND ASSOCIATES, INC.

FILED

00 MAY -9 PM 12:05

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

5000 S.W. 148TH AVE.  
FT. LAUDERDALE FL 33330

5000 S.W. 148TH AVE.  
FT. LAUDERDALE FL 33330-2416

2. Principal Place of Business

4919 SW 148TH AVE

3. Mailing Address

4919 SW 148TH AVE

Suite, Apt. #, etc.

DAVIE, FL 33330

Suite, Apt. #, etc.

DAVIE, FL 33330

City & State

33330 USA

City & State

33330 USA

Zip

Country

Zip

Country

4. FEI Number

65-0165610

Applied For

Not Applicable

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

WOLFF, ARTHUR M  
2601 EAST OAKLAND PARK BLVD.  
403  
FT. LAUDERDALE FL 33306

Previously Changed  
12/17/99

Name LAMBERTUS, ARTHUR W

Street Address (P.O. Box Number is Not Acceptable)  
2929 EAST COMMERCIAL BLVD. #604

FORT LAUDERDALE, FL 33308

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

He signed previously for change of 12/12/99

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 CD  
NAME LETTERESE, PETER  
STREET ADDRESS 5000 S.W. 148TH AVE.  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE CPD  
NAME LETTERESE, PETER  
STREET ADDRESS 4919 SW 148TH AVE  
CITY-ST-ZIP DAVIE, FL 33330

TITLE PSD  
NAME LETTERESE, BARBARA  
STREET ADDRESS 5000 S.W. 148TH AVE  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE SD  
NAME FAWCETT, BARBARA  
STREET ADDRESS 4919 SW 148TH AVE  
CITY-ST-ZIP DAVIE, FL 33330

TITLE D  
NAME KARAS, THOMAS  
STREET ADDRESS 20060 MARFORD CT  
CITY-ST-ZIP GROSSE POINTE WOODS MI

300003286403--2  
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\*\*\*\*558.75 \*\*\*\*558.75

TITLE  
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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:

SIGNATURE AND TYPED, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Barbara Fawcett May 3, 2000 954-434-4568

CR2E 134 (3/99)