

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90029 050 ***150.00

DOCUMENT # L47316

1. Entity Name

RUSSELL B. SANGUEDOLCE, JR., INC.

Principal Place of Business

Mailing Address

C/O RUSSELL B. SANGUEDOLCE, JR.
 3471 N. FEDERAL HWY. STE 500-A
 FT. LAUDERDALE FL 33306

C/O RUSSELL B. SANGUEDOLCE, JR.
 3471 N. FEDERAL HWY. STE 500-A
 FT. LAUDERDALE FL 33306-1051
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2992397

Applied For

Not Applicable

Zip

Country

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

SANGUEDOLCE, RUSSELL B., JR.
3471 N. FEDERAL HIGHWAY
STE 500-A
FT. LAUDERDALE FL 33306

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

Maria E Lenis V-P

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-15-2000

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: **D** Delete
 NAME: **SANGUEDOLCE, RUSSELL B.**
 STREET ADDRESS: **3471 N. FEDERAL HWY. # 500-A**
 CITY-ST-ZIP: **FT. LAUDERDALE FL**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **VP** Delete
 NAME: **LENIS, MARIA E**
 STREET ADDRESS: **3471 N. FEDERAL HWY. #500-A**
 CITY-ST-ZIP: **FT. LAUDERDALE FL 33306**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
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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:

Maria E Lenis V-P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-2000

DATE

954-340-1351

DAYTIME PHONE #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)