2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M26212 Apr 18, 2000 8:00 am Secretary of State 1. Entity Name 3 1 1 DURANTE FLA. INC. 04-18-2000 90183 028 ***150.00 Principal Place of Business Mailing Address % SANCHEZ % SANCHEZ 1528 PLUNKETT STREET 1528 PLUNKETT STREET HOLLYWOOD FL 33020 HOLLYWOOD FL 33020-6434 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FFI Number NOT APPLICABLE Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANCHEZ, FREDERIC 1528 PLUNKETT ST. HOLLYWOOD FL 33020 Zip Code 33010 t for the purpose of changing its registered office or both, in the State of Florida. FILE NOW!!! FEE IS \$150,00 9. This corporation is eligible to satisfy its Intar 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Chande ☐ Addition ☐ Delete TITLE TITLE SANCHEZ, FEDERICO NAME NAME STREET ADDRESS 1438 FLETCHER ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL DURANDO DI GIAHDOME Change MAddition & NICO-1438 FLETCHER SI FLA DINEITON OF INFORMATION OF AND AND CHARES TONEITON OF AND AND CHARES TONEITON OF AND AND CHARES TONEITON OF AND AND CHARGE TITLE TITLE CARMEN, MARRONE NAME STREET ADDRESS 6439 DESPORTES ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MONTREAL, CANADA TITLE TITLE NAME DIGIANDOMERICO, FRANK NAME STREET ADDRESS STREET ADDRESS 724 PLACE FLEVRYN CITY-ST-ZIP CITY-ST-7IP **MONTREAL, CANADA** Change ☐ Addition ☐ Delete TITLE TITLE DIGIANDOMENICO, GIOVANNI NAME NAME STREET ADDRESS STREET ADDRESS 1438 FLETCHER ST. CITY-ST-7/P CITY-ST-ZIP HOLLYWOOD FL 33020 🗠 🗋 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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

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