

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M29422**

1. Entity Name

FORMIA, INC.**FILED****Jan 26, 2001 8:00 am**
Secretary of State

01-26-2001 90134 037 ***150.00

Principal Place of Business

**21073 POWERLINE RD
BOCA RATON FL 33433
US**

Mailing Address

**C/O FIDELE BORRELLI
6519 NW 72ND PLACE
PARKLAND FL 33067-4747**

2. Principal Place of Business

3. Mailing Address

FIDELE BORRELLI

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7453 CAMPO FLORIDO

City & State

City & State

BOCA RATON, FL

Zip

Country

Zip

Country

33433**USA**

4. FEI Number

59-2724385

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRIEDBERG & POTTRUCK, PA
2151 W. HILLSBORO BOULEVARD, #213
DEERFIELD BEACH FL 33442**

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

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 NAME STREET ADDRESS CITY-ST-ZIP	P BORRELLI, FIDELE 6519 NW 72ND PLACE PARKLAND FL 33067-4747	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BORRELLI, DINO 309 SW 13TH STREET FORT LAUDERDALE FL 33315	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BORRELLI, ROBERT 7453 CAMPO FLORIDO BOCA RATON FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Fidele Borrelli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-19-01 561-483-9481

Daytime Phone #

CR2E034 (10/00)