

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90326 001 \*\*\*150.00

0189723 AV

**DOCUMENT # M29422**

1. Entity Name  
**FORMIA, INC.**



Principal Place of Business  
**21073 POWERLINE RD  
BOCA RATON FL 33433  
US**

Mailing Address  
**5131 NE 27 TER  
LIGHTHOUSE POINT FL 33064  
US**



2. Principal Place of Business  
**5131 NE 27 TERR**

3. Mailing Address  
**5131 NE 27 TER**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**LIGHTHOUSE PT FL**

City & State  
**LIGHTHOUSE PT FL**

4. FEI Number  
**59-2724385**

Applied For  
☐ Not Applicable

Zip  
**33064**

Country  
**USA**

Zip  
**33064**

Country  
**USA**

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**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **P** ☒ Delete  
NAME **BORRELLI, FIDELE**  
STREET ADDRESS **6519 NW 72ND PLACE**  
CITY-ST-ZIP **PARKLAND FL 33306-4747**

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

TITLE **V** ☐ Delete  
NAME **BORRELLI, DINO**  
STREET ADDRESS **309 SW 13TH STREET**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33315**

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

TITLE **TS** ☐ Delete  
NAME **BORRELLI, ROBERT**  
STREET ADDRESS **7453 COMPO FLORIDO**  
CITY-ST-ZIP **BOCA RATON FL 33433**

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

TITLE **P** ☐ Delete  
NAME **FIDELE, BORRELLI**  
STREET ADDRESS **5131 NE 27 TER**  
CITY-ST-ZIP **LIGHTHOUSE PT FL 33064**

TITLE ☐ Change ☐ Addition  
NAME **P BORRELLI, FIDELE**  
STREET ADDRESS **5131 NE 27 TERR**  
CITY-ST-ZIP **LIGHTHOUSE PT FL 33064**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Fidele Borrelli*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-15-03 904-571-9703**

Date

Daytime Phone #

CR2E034 (10/02)