

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90013 028 ***150.00

DOCUMENT # P00000001924

1. Entity Name
MICHELANGELO GRAPHIC DISPLAY, INC.

Principal Place of Business
6408 WEST LINEBAUGH AVE
101-102
TAMPA FL 33625

Mailing Address
6408 WEST LINEBAUGH AVE
101-102
TAMPA FL 33625

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3616430

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

SIMMONS, MARY
SOUTH TRUST PLAZA
201 EAST KENNEDY BLVD., SUITE 715
TAMPA FL 33602-5828

Name **RON PORAT**
 Street Address (P.O. Box Number is Not Acceptable)
7505 ALLOWAY STREET
TAMPA FL 33625
 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)

1/1/02
 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **CARLETTI, OTTAVIO**
 CITY-ST-ZIP **5610 PINNACLE EIGHT CIRCLE #203**
TAMPA FL 33624

TITLE ☒ Change ☐ Addition
 NAME **CARLETTI OTTAVIO**
 STREET ADDRESS **6708 Rosemary Dr**
 CITY-ST-ZIP **TAMPA, FL 33625**

TITLE ☐ Delete
 NAME **V/T**
 STREET ADDRESS **CIFUENTES CLAUDIA**
 CITY-ST-ZIP **6708 Rosemary Dr**
TAMPA, FL 33625

TITLE ☐ Change ☒ Addition
 NAME **V/T**
 STREET ADDRESS **CIFUENTES CLAUDIA**
 CITY-ST-ZIP **6708 Rosemary Dr**
TAMPA, FL 33625

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 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

Jan 10/2002
 Date

(813) 964-8717
 Daytime Phone #

CR2E034 (9/01)