

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90061 034 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #**

1. Entity Name

**TELESCA ENTERPRISES, INC.**  
**P00000002515** ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

20 S.E. 5<sup>th</sup> Ave.

3. Mailing Address

5540 N.W. 76 Pl.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

Delrey Beach, FL

City &amp; State

Pompano Beach, FL

4. FEI Number

650975471

Applied For

Not Applicable

Zip

33483

Country

Palm Beach

Zip

33073

Country

Broward

5. Certificate of Status Desired ☐

**\$8.75 Additional**  
**Fee Required**

7. Name and Address of Current Registered Agent

Name **Rocco Telesca**

Street Address (P.O. Box Number is Not Acceptable)

5540 N.W. 76 Pl.

Pompano Beach, FL

City

FL

Zip Code

33073

**DO NOT WRITE  
IN THIS SPACE**

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 fee 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TELESCA ROCCO</b> <b>5540 N.W. 76 Pl.</b> <b>Pompano Beach, FL 33073</b>
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Rocco Telesca**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/02 (954) 427-6996**  
 Date Daytime Phone #

**ROCCO TELESCA**

CR2E034B (12/01)