

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90624 034 \*\*\*150.00

659667

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000026349

1. Entity Name

Michael J. Porrino, Inc.

Principal Place of Business

9109 W. Hillsborough Ave.  
 Apt. 208  
 Tampa, FL 33615

Mailing Address

3355 W. Bearss Ave  
 Tampa, FL 33618

2. Principal Place of Business

9109 W. Hillsborough Ave.  
 Suite, Apt. #, etc.  
 Apt. 208  
 City & State  
 Tampa, FL

3. Mailing Address

3355 W. Bearss Ave.  
 Suite, Apt. #, etc.

City & State

Tampa, FL

4. FEI Number

59-3641543

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

Walter Sanders  
 3355 W. Bearss Ave.  
 Tampa, FL 33618

7. Name and Address of New Registered Agent

Name

Sanders, Walter

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

3355 W. Bearss Ave.

City

Tampa

FL

Zip Code

33618

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

Walter Sanders

Walter Sanders

4/19/01

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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS Shahid, Imran T.  
 CITY-ST-ZIP 9101 W. Hillsborough Ave. Apt. 208  
 Tampa, FL 33615

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete  
 NAME  
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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: X

Imran T. Shahid

4/20/01

813 887-4422

CR2E034 (11/00)