

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90038 048 ***150.00

0481574

DOCUMENT # P00000039322

1. Entity Name

A. M. BUFALO ENTERPRISE, INC.

Principal Place of Business

**3873 LAKE PICKETT COURT
 ORLANDO FL 32820-1145**

Mailing Address

**3873 LAKE PICKETT COURT
 ORLANDO FL 32820-1145**

2. Principal Place of Business

3580 Aloma Ave

3. Mailing Address

3580 Aloma Ave

Suite, Apt. #, etc.

Suite # 8

Suite, Apt. #, etc.

Suite # 8

City & State

Winter Park Fl

City & State

Winter Park Fl

Zip

32792 Orange

Zip

32792 Orange

4. FEI Number

59-3619342

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SALFI, DOMINICK J
 999 DOUGLAS AVENUE
 SUITE 3333
 ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete
 NAME **BUFALO, ANTHONY M**
 STREET ADDRESS **1635 CRACKER CREEK COURT**
 CITY-ST-ZIP **OVEDO FL 32764**

TITLE **D** ☐ Delete
 NAME **QUINONES, ALFREDO**
 STREET ADDRESS **5217 NORTH INDIANA AVENUE**
 CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1272 Gallant Joy Way**
 CITY-ST-ZIP **Chuluota Fl 32764**

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

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

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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

Date

Daytime Phone #

**1-17-01 407
 679-3885**

CR2E034 (10/00)