

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90336 008 ***150.00

0090723 AV

DOCUMENT # P00000039322

1. Entity Name
A. M. BUFALO ENTERPRISE, INC.

Principal Place of Business

**3580 ALOMA AVE
 SUITE # 8
 WINTER PARK FL 32792**

Mailing Address

**3580 ALOMA AVE
 SUITE # 8
 WINTER PARK FL 32792**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3592 Aloma Ave

Suite, Apt. #, etc.

Suite #1

City & State

Winter Park Fl

Zip

32792

Country

USA

3. Mailing Address

3592 Aloma Ave

Suite, Apt. #, etc.

Suite #1

City & State

Winter Park Fl

Zip

32792

Country

USA

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**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 2002 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 **1272 GALLANT FOX WAY**
 CITY-ST-ZIP **CHULUOTA FL 32766**

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
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **VICE PRESIDENT**
 STREET ADDRESS **QUINONES, ALFREDO**
 CITY-ST-ZIP **2465 STARWOOD DRIVE**
OVIEDO FL 32765

TITLE ☐ Change ☒ Addition
 NAME **SECRETARY**
 STREET ADDRESS **Ronald E Homer**
 CITY-ST-ZIP **5217 N Indiana Ave**
Winter Park Fl 32792

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

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

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

4-25-02

Date

Daytime Phone #

CR2E034 (9/01)