

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90007 037 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000046004

1. Entity Name
SOCIETY OF SAN GENNARO AND SAN GENNARO FEAST, INC.

Principal Place of Business **Mailing Address**
2921 S.W. 87TH AVE., #511 2921 S.W. 87TH AVE., #511
DAVIE FL 33328 DAVIE FL 33328

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 **Applied For**
65-1007820 ☐ 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**

SQUARTINO, HENRY **Name**
2921 S.W. 87TH AVE., #511 **Street Address (P.O. Box Number is Not Acceptable)**
DAVIE FL 33328 **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 **DATE**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00** **10. Election Campaign Financing** **\$5.00 May Be Added to Fees**
(See criteria on back) **After MAY 1, 2001 Fee will be \$550.00** **Trust Fund Contribution.**
☐ **Make Check Payable to Department of State** ☐

11. OFFICERS AND DIRECTORS **12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D SQUARTINO, HENRY	2921 S.W. 87TH AVE., #511	DAVIE FL 33328				

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: *Henry Squartino* **1-7-01** **(954) 424-7410**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)