

2000 UNIFORM BUSINESS REPORT (UBR)

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05-03-2000 90144 049 ****61.25

DOCUMENT # P00000050755

1. Entity Name

PIANO BY STORM INC.

Principal Place of Business

2415 NW 116TH TERR.
CORAL SPRINGS FL 33065

Mailing Address

2415 NW 116TH TERR.
CORAL SPRINGS FL 33065-3453

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

65-0981865

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED

00 JUN -5 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

ARIOLA, RITA S
2415 NW 116TH TERR.
CORAL SPRINGS FL 33065

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 entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Rita S. Ariola

4.21.00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW
FEE IS \$ 150.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	ARIOLA, RITA S.	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	2415 NW 116th Terrace	
CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4.21.00

954-755-0078

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

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75

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Toner, Sean

From: Sasha4812@aol.com
Sent: Thursday, June 01, 2000 11:10 PM
To: SToner@mail.dos.state.fl.us
Subject: Re: Piano by Storm, Inc.

Sorry,
I am the only person listed so I thought you knew I am the
owner/director/president:

Rita Storm Ariola
2415 NW 116th Terrace
Coral Springs, FLa. 33065

(954)755-0078/3906
e-mail Sasha4812@aol.com

If any further info is needed please contact me. Thank You R. S.
Ariola-Piano by Storm