

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000067586

1. Entity Name

TASCIOTTI FINANCIAL, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90256 047 ***150.00

Principal Place of Business

9506 SO. RED ROAD
MIAMI FL 33156

Mailing Address

9506 SO. RED ROAD
MIAMI FL 33156

2. Principal Place of Business

8400 NW 52 St

3. Mailing Address

11901 NW 21 St

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

HOLLYWOOD FL

Zip

33166

Country

Zip

33026

Country

4. FEI Number

65-1030180

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

00033104



6. Name and Address of Current Registered Agent

OESTERLE, DOUGLAS W.
9506 SO. RED ROAD
MIAMI FL 33156

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**
NAME **TASCIOTTI, DANIEL**
STREET ADDRESS **9506 SO. RED ROAD**
CITY-ST-ZIP **MIAMI FL 33156**

☐ Delete

TITLE
NAME
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

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

DANIEL TASCIOTTI

Date

Daytime Phone #

4-19-01 305 588 9937

CR2E034 (10/00)

0190280