# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 03, 2003 8:00 am**
**Secretary of State**
04-03-2003 90143 009 ***150.00

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DOCUMENT # P00000076551

1. Entity Name
A. F. DiClemente Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
604 SW 12 Ct.
Suite, Apt. #, etc.
Ft. Lauderdale FL. 33315 Broward

3. Mailing Address
604 SW 12 Ct.
Suite, Apt. #, etc.
Ft. Lauderdale FL. 33315 Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1033739
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: Albert DiClemente
Street Address (P.O. Box Number is Not Acceptable): 604 SW 12 Ct.
City: Ft. Laud FL Zip Code: 33315

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 3/30/03
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Albert DiClemente<br>President<br>604 SW 12th Court Ft Lauderdale FL 33315 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Micky DiClemente<br>Vice / Secretary<br>604 SW 12th Court<br>Fort Lauderdale FL 33315 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |

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CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3/30/03 954 868 5044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #