

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**  
 05-10-2002 90032 049 \*\*\*150.00

001088 AT

**DOCUMENT # P00000105551**

1. Entity Name

**THAT'S A WRAP CORP.**

Principal Place of Business

**9600 SOUTH MILITARY TRAIL  
 BOYNTON BEACH FL 33436**

Mailing Address

**9600 SOUTH MILITARY TRAIL  
 BOYNTON BEACH FL 33436**

2. Principal Place of Business

Suite, Apt. #, etc.

**Boynton Beach FL**

3. Mailing Address

Suite, Apt. #, etc.

**9600 South Military Tr.**

City & State

City & State

**Boynton Beach FL**

Zip

Country

**33436 USA**

Zip

Country

**33436 USA**

4. FEI Number

**65-1053552**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
 1840 SOUTHWEST 22 STREET  
 4TH FLOOR  
 MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name

**Anthony D. Marolla**

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

**3920 Max Pl #207**

City

**Boynton Beach**

FL

Zip Code

**33436**

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

**4-10-02**

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 ☐ Delete  
 NAME **PSD**  
 STREET ADDRESS **MAROLLA, ANTHONY D**  
 CITY-ST-ZIP **8821 WILES ROAD  
 CORAL SPRINGS FL 33067**

TITLE ☐ Delete  
 NAME **VTD**  
 STREET ADDRESS **MATELLA, LAURA A**  
 CITY-ST-ZIP **8821 WILES ROAD  
 CORAL SPRINGS FL 33067**

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 **PSD**  
 STREET ADDRESS **Anthony D. Marolla**  
 CITY-ST-ZIP **3920 Max Place #207  
 Boynton Beach FL 33436**

TITLE ☒ Change ☐ Addition  
 NAME **VTD**  
 STREET ADDRESS **Marella, Laura A**  
 CITY-ST-ZIP **3920 Max Pl #207  
 Boynton Beach, FL 33436**

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

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]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-10-02 561-752-0605**

Date

Daytime Phone #

CR2E034 (9/01)