

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

03-12-2002 90435 021 \*\*\*150.00

0275731  
 AV

**DOCUMENT # P01000015926**

**1. Entity Name**  
**FANELLI ENTERPRISES, INC.**

**Principal Place of Business**  
**401 NE MIZNER BLVD. #T722**  
**BOCA RATON FL 33433-2**

**Mailing Address**  
**401 NE MIZNER BLVD. #T722**  
**BOCA RATON FL 33433-2**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEL Number**

52-2294452

**Applied For**

**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**

**GLATER, MARK E CPA**  
**2514 HOLLYWOOD BLVD.**  
**SUITE 508**  
**HOLLYWOOD FL 33020**

**Name** Glater & Associates, PA  
**Street Address (P.O. Box Number is Not Acceptable)** 1560 Sawgrass Corp. Pkwy.  
4th Floor  
**City** Sunrise **FL** **Zip Code** 33323

**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** Mark E. Glater CPA President **DATE** 01-08-2002  
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.**  
 (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**

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

**TITLE** D ☐ Delete  
**NAME** FANELLI, JENNIFER  
**STREET ADDRESS** 401 NE MIZNER BLVD. #T722  
**CITY-ST-ZIP** BOCA RATON FL 33433-2

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**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:** JENNIFER FANELLI  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/02 561-704-9361  
Date Daytime Phone #

CR2E034 (9/01)