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Secretary of State
05-14-2002 90275 018 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000029814

1. Entry Name
CONBAS INC

33821

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
28596 U.S. 19 N Suite, Apt. #, etc.	136 BAYSIDE DR Suite, Apt. #, etc.
City & State CLEARWATER FL	City & State CLEARWATER FL
Zip 33761 Country	Zip 33767 Country

4. FEI Number
59-3745462

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: CAM CONTI

Street Address (P.O. Box Number is Not Acceptable):
136 BAYSIDE DR

City: CLEARWATER FL Zip Code: 33767

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: Cam Conti DATE: 5-29-02

Signature types or prints 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) ☐

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

11. OFFICERS AND DIRECTORS

TITLE	President
NAME	Camillo Conti
STREET ADDRESS	136 Bayside Drive
CITY-ST-ZIP	Clearwater, FL 33767
TITLE	Vice President
NAME	Diana Conti
STREET ADDRESS	136 Bayside Dr
CITY-ST-ZIP	Clearwater, FL 33767
TITLE	Secretary
NAME	Valeria Conti
STREET ADDRESS	136 Bayside Drive
CITY-ST-ZIP	Clearwater, FL 33767
TITLE	Treasurer
NAME	Luria Conti
STREET ADDRESS	136 Bayside Drive
CITY-ST-ZIP	Clearwater FL 33767
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E083B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Valeria Conti - Valeria Conti 4/24/02 (727) 797-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #