

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91193 029 ***150.00

DOCUMENT # P01000055741
1. Entity Name
CELESTI & CELESTI INC.

Principal Place of Business
132 NW 69 TERRACE
MARGATE FL 33063

Mailing Address
132 NW 69 TERRACE
MARGATE FL 33063

2. Principal Place of Business
5743 MARGATE BLVD.
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
MARGATE, FL

City & State

Zip
33063

Country
USA

Zip

Country

4. FEI Number
65-1109969

Applied For
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent
CORPORATE CREATIONS NETWORK, INC.
941 4TH ST #200
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent
Name
Jennifer Liuzzi
Street Address (P.O. Box Number is Not Acceptable)
6710 McKinley Street
City
Hollywood **FL** **Zip Code**
33024

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 *Jennifer Liuzzi* *Jennifer Liuzzi* **DATE** **4/27/02**
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. ☐ **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 ☒ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution. ☐

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
	D	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
	CELESTI, ROSEMARIE	132 NW 69 TERRACE			
	MARGATE FL 33063				
	D	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
	CELESTI, MARK	132 NW 69 TERRACE			
	MARGATE FL 33063				
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> 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: *Rosemarie Celesti* **DATE** **4/27/02** **Daytime Phone #** **954-984-2871**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)