

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90307 009 ***150.00

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DOCUMENT # P01000097873

1. Entity Name

C. H. FERRARI, INC.



Principal Place of Business

~~3801 N FEDERAL HWY~~
~~POMPANO BEACH FL 33064~~

Mailing Address

~~3801 N FEDERAL HWY~~
~~POMPANO BEACH FL 33064~~

2. Principal Place of Business

VISTA
3628 DUNES DRIVE
Suite, Apt. #, etc.

3. Mailing Address

7777 GLADES ROAD
Suite, Apt. #, etc.
209

City & State

POMPANO BCH, FL

City & State

BOCA RATON, FL

Zip

33069

Country

U.S.

Zip

33434

Country

U.S.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1140396

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAHONEY, ROBERT F CPA
3801 NORTH FEDERAL HIGHWAY
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name: ROBERT F. MAHONEY, P.A.
Street Address (P.O. Box Number is Not Acceptable)
7777 GLADES ROAD
SUITE 209
City: BOCA RATON FL Zip Code: 33434

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

ROBERT F. MAHONEY, P.A. 2/10/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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: P
NAME: FERRARI, CHARLES ☒ Delete
STREET ADDRESS: 3801 N FEDERAL HWY
CITY-ST-ZIP: POMPANO BEACH FL 33064

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

TITLE: ☐ Delete
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STREET ADDRESS:
CITY-ST-ZIP:

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P
NAME: FERRARI, CHARLES ☒ Change ☐ Addition
STREET ADDRESS: 3628 DUNES VISTA DRIVE
CITY-ST-ZIP: POMPANO BCH, FL 33069

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

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CITY-ST-ZIP:

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CHARLES FERRARI

Date

2/10/03

Daytime Phone #

954-615
0561

CR2E034 (10/02)