

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**  
 09-17-2002 90087 031 \*\*\*558.75

**DOCUMENT # P01000109328**

1. Entity Name  
**PAPAGNO & SONS, INC.**

Principal Place of Business

**18101 CORAL WAY  
 SUITE 408  
 MIAMI FL 33145**

Mailing Address

**18101 CORAL WAY  
 SUITE 408  
 MIAMI FL 33145**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**18279 Iris Road**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Ft. Myers, Florida**

City & State

Zip

Country

Zip

Country

**33912 USA**

4. FEI Number

**75-3033335**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BLANCO, BETTY E  
 1801 CORAL WAY  
 SUITE 204  
 MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name **Betty Blanco**

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

**1801 Coral way, Suite 408**

City

**Miami**

**FL**

**33145**

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.

**Betty Blanco**

**9/10/02**

DATE

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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 **PD** ☐ Delete  
 NAME **PAPAGNO, JORGE A**  
 STREET ADDRESS **18101 CORAL WAY SUITE 204**  
 CITY-ST-ZIP **MIAMI FL 33145**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME **18279 Iris Road**  
 STREET ADDRESS **Ft. Myers, Fl. 33912**  
 CITY-ST-ZIP **33912**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/10/02 (239) 454 1800**

Date

Telephone #

CR2E034 (4/02)