FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90191 001 ****50.00
05-14-2002 90191 002 ****50.00
05-14-2002 90191 003 ****50.00

DOCUMENT # P01000111822

1. Entity Name
Mineo, Dellapina & Marucci, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
633 SE 3rd Avenue	633 SE 3rd Avenue
Suite, Apt. #, etc. Suite 4-F	Suite, Apt. #, etc. Suite 4-F
City & State Fort Lauderdale, Fl	City & State Fort Lauderdale, Fl
Zip 33301 Country USA	Zip 33301 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number applied for ☐ 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: Peter Mineo, JR.

Street Address (P.O. Box Number is Not Acceptable): 633 SE 3rd Avenue, Suite 4-F

City: Fort Lauderdale Fl FL Zip Code: 33301

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: Peter Mineo, JR. DATE: 4-30-02
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. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	Director
NAME	Peter Mineo, JR.
STREET ADDRESS	633 SE 3rd Avenue, Suite 4-F
CITY-ST-ZIP	Fort Lauderdale, Fl 33301
TITLE	Director
NAME	Peter W. Dellapina
STREET ADDRESS	633 SE 3rd Avenue, Suite 4F
CITY-ST-ZIP	Fort Lauderdale Fl 33301
TITLE	Director
NAME	Rocco Marucci
STREET ADDRESS	633 SE 3rd Avenue, Suite 4-F
CITY-ST-ZIP	Fort Lauderdale Fl 33301
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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, title or other like empowered.

SIGNATURE: Peter Mineo, JR. 4-30-02 (954) 463-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #