

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90446 001 ***211.25

DOCUMENT # P02000045849

1. Entity Name
DEFAZIO DEVELOPMENT CORP.



Principal Place of Business
**8450 N W 45TH MANOR
CORAL SPRINGS FL 33065**

Mailing Address
**8450 N W 45TH MANOR
CORAL SPRINGS FL 33065**



2. Principal Place of Business

4400 N CRYSTAL LAKE
Suite, Apt. #, etc.

3. Mailing Address

8450 N W 45TH MANOR
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

DEERFIELD BEACH

City & State

CORAL SPRINGS FL

4. FEI Number

01-0757428

Applied For

☒ Not Applicable

Zip

33442

Country

BROWARD

Zip

33065

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEFAZIO, LOUIS
8450 N W 45TH MANOR
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-7-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **DEFAZIO, LOUIS**
STREET ADDRESS **8450 N W 45TH MANOR**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

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

TITLE **V.P.** ☐ Delete
NAME **DAVID DEFAZIO**
STREET ADDRESS **4410 NW 7TH ST.**
CITY-ST-ZIP **COCONUT CREEK**

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

TITLE **COCONUT CREEK, FLA** ☐ Delete
NAME **33066**
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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-03

Date

Daytime Phone #

954 464 3346

CR2E034 (10/02)

[Signature] FEI # added