FILED
Mar 20, 2003 8:00 am
Secretary of State
01-21-2003 90602 008 ***150.00

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FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000083055

1. Entity Name
ONOFRIETTI & ASSOCIATES, INC.

55018076

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
6278 N FEDERAL HWY		6278 N FEDERAL HWY	
Suite, Apt. #, etc. SUITE 583		Suite, Apt. #, etc. SUITE 583	
City & State FT LAUDERDALE, FL		City & State FT LAUDERDALE, FL	
Zip 33308	Country USA	Zip 33308	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3860516 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name JUSTIN ONOFRIETTI
Street Address (P.O. Box Number is Not Acceptable)
6278 N FEDERAL HWY, # 583
City FT LAUDERDALE FL Zip Code 33308

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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/VP,S,T	TITLE	
NAME	JUSTIN ONOFRIETTI	NAME	
STREET ADDRESS	6278 N FEDERAL HWY, # 583	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] X 01-14-03 X 561-306-4647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #