

For yr 2003

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P020000086342

1. Entity Name **FERRARO & CO Importers & Distributors**

FILED

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

515 Palm St

Suite, Apt. #, etc.

3. Mailing Address

515 Palm St

Suite, Apt. #, etc.

City & State

West Palm Bch, FL

City & State

West Palm Bch, FL

Zip

33401

Country

U.S.A.

Zip

33401

Country

U.S.A.

4. FEI Number

562286114-140312-3-2

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ROBERT GARDNER C.P.A.

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

14237 U.S. Hwy 1

City

Juno Bch

FL

Zip Code

33408

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IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	NAME	STREET ADDRESS	CITY - ST - ZIP
P/S	LOUIS D. JOIME	515 PALM ST	WEST PALM BCH, FL 33401
V/D	JOSEPH FERRARO	515 PALM ST	WEST PALM BCH, FL 33401
T/M	MICHAEL ZAMBOURIS	515 PALM ST	WEST PALM BCH, FL 33401
M	ANTOINE MARLOUJI	515 PALM ST	WEST PALM BCH, FL 33401
M	ANTHONY SMITH	515 PALM ST	WEST PALM BCH, FL 33401

TITLE	NAME	STREET ADDRESS	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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-1-03

Date

561-833-1990

Daytime Phone #

CR2E034B (12/01)