## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P93-000043699

DESIDERIO ENTERPRISES, INC.



FILED

03 NOV -4 PM 2:53

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address 190 Sims Creek Lan <u>190 Sims C</u> Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For tLocid 65-0426833 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 呟 Fee Required 7. Name and Address of Current Registered Agent

## DO NOT WRITE IN THIS SPACE

H. Desiderio

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

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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.

> TITLE NAME

SIGNATURE

NAME

CITY-ST-7/P

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** Mav Be Added to Fees

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 OFFICERS AND DIRECTORS TITLE President

James A. Desiderio STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jupiter FL Vice - President TITLE NAME Frank R. Moneau NAME STREET ADDRESS STREET ADDRESS 190 sims Creek Lane

CITY-ST-7IP Jupiter FL 33458

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

STREET ADDRESS

DO NOT WRITE

IN THIS SPACE

CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE

TITLE NAME STREET ADDRESS

CITY-ST-ZIP 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.

CR2E034B (12/02)