

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000017004

1. Entity Name

LONGA TREBBI, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90032 017 ***150.00

Principal Place of Business

Mailing Address

2201 N DIXIE HWY
FT. LAUDERDALE FL 33305
US

2201 N DIXIE HWY
FT. LAUDERDALE FL 33316-1119
US

2. Principal Place of Business

1133 SE 4th AVE

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft Laud Florida

City & State

4. FEI Number

65-0475082

Applied For

Not Applicable

Zip

Country

33316

Broward

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TREBBI, RONALD G
2201 N DIXIE HWY
FT. LAUDERDALE FL 33305

Name

Ronald G TREBBI

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

1133 SE 4th AVE

City

Ft Lauderdale

FL

Zip Code

33316

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **TREBBI, RONALD G**
STREET ADDRESS **2201 N DIXIE HWY**
CITY-ST-ZIP **FT. LAUDERDALE FL 33305**

TITLE **Pres** ☒ Change ☐ Addition
NAME **Ronald G TREBBI**
STREET ADDRESS **1133 SE 4th AVE**
CITY-ST-ZIP **Ft Lauderdale FL 33316**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice Pres** ☐ Change ☒ Addition
NAME **OSCAR LONGA**
STREET ADDRESS **3720 NE 25 AVE**
CITY-ST-ZIP **Lighthouse Pt FL 33064**

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

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

OSCAR LONGA

1.10.00 (954)

765 5551

CR2E034 (9/99)