

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

FILED

DOCUMENT # P94000054830

1. Entity Name

DAVID FIERRO & ASSOCIATES CORPORATION

02 OCT 25 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

301 N US HWY 27

Suite, Apt. #, etc.

SUITE D

City & State

CLERMONT

3. Mailing Address

614 E HWY 50

Suite, Apt. #, etc.

#408

City & State

CLERMONT FL

REINSTATEMENT

4. FEI Number

66-0507483

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

RICK CAMPORA

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

614 E HWY 50 #408

City

CLERMONT

FL

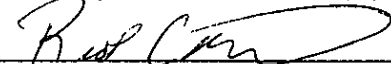
Zip Code

34711

**DO NOT WRITE
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



RICK CAMPORA

CFO

DAVID FIERRO & ASSOCIATES 10/21/02

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

CEO (C)

NAME

DAVID FIERRO & ASSOCIATES

STREET ADDRESS

10501 MESA LN

CITY - ST - ZIP

CLERMONT FL 34711

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

CFO (D)

NAME

RICK CAMPORA

STREET ADDRESS

614 E HWY 50 #408

CITY - ST - ZIP

CLERMONT FL 34711

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

PRESIDENT (P)

NAME

NEIL BIRENBAUM

STREET ADDRESS

1254 MADISON ST

CITY - ST - ZIP

HOLLYWOOD FL 33019

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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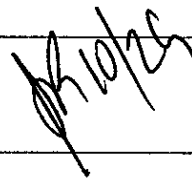
TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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: 

DAVID FIERRO

10/21/02

(352) 241-0726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034B (12/01)