

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000028013

1. Entity Name

IRENE COSTELLO, INC.

FILED

Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90059 030 ***150.00

Principal Place of Business

1721 WHITEHALL DRIVE
#104
FORT LAUDERDALE FL 33324

Mailing Address

1721 WHITEHALL DRIVE
#104
FORT LAUDERDALE FL 33324

2. Principal Place of Business

10312 NW 24 PLACE

3. Mailing Address

10312 NW 24 PLACE

Suite, Apt. #, etc.

408

Suite, Apt. #, etc.

408

City & State

SUNRISE, FL

City & State

SUNRISE, FL

Zip

33322

Country

USA

Zip

33322

Country

USA

4. FEI Number 65-0571419

Applied For

Not Applicable

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

COSTELLO, IRENE

~~1721 WHITEHALL DRIVE~~ 10312 NW 24 PLACE
~~#104~~ # 408

~~FORT LAUDERDALE FL 33324~~ SUNRISE, FL 33322

Name

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

City

FL

Zip Code

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, 2001 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 PSD ☐ Delete
NAME COSTELLO, IRENE
STREET ADDRESS ~~1721 WHITEHALL DRIVE~~
CITY-ST-ZIP ~~FORT LAUDERDALE FL 33324~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 10312 NW 24 PLACE # 408
CITY-ST-ZIP SUNRISE, FL 33322

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
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:

Irene Costello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-01

Date

954742-8062

Daytime Phone #

CR2E034 (10/00)