

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000046801

1. Entity Name

BREATHE EASY I.A.Q. SERVICES, INC.

**FILED**  
May 02, 2000 8:00 am  
Secretary of State

05-02-2000 90020 017 \*\*\*150.00

Principal Place of Business

Mailing Address

~~3485 PINE WALK DR. N. #204~~  
~~MARGATE FL 33063~~

P O BOX 934856  
MARGATE FL 33093-4856

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33093

USA

4. FEI Number

65-0596276

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

PEZZELLA, RONALD A  
3485 PINE WALK DR. N. #204  
MARGATE FL 33063

Name

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

9415 N.W. 72<sup>ND</sup> STREET

City

TAMARAC

FL

Zip Code

33321

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 P ☐ Delete  
NAME PEZZELLA, RONALD A  
STREET ADDRESS 3485 PINE WALK DR. N. #204  
CITY-ST-ZIP MARGATE FL 33063

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME RONALD A PEZZELLA  
STREET ADDRESS 9415 N.W. 72 STREET  
CITY-ST-ZIP TAMARAC FL 33321

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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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 #

4-24-00

954 724 7464

CR2E034 (9/99)