

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

FILED

02 APR 30 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000060181

1. Entity Name

MEDITERRANIA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

24 NE 24 AVE.

Suite, Apt. #, etc.

3. Mailing Address

24 NE 24 AVE.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

4. FEI Number

65-0600864

Applied For

Not Applicable

Zip

33062

Country

US

Zip

33062

Country

US

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name ANTHONY DiTocco III

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

24 NE 24 AVE.

City

POMPANO BEACH

FL

Zip Code

33062

**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

ANTHONY DiTocco III

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

4/9/02

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 DIRECTOR
NAME ANTHONY DiTocco III
STREET ADDRESS 24 NE 24 AVE.
CITY-ST-ZIP POMPANO BEACH, FL 33062

TITLE DIRECTOR
NAME ANTHONY DiTocco JR.
STREET ADDRESS 24 NE 24 AVE.
CITY-ST-ZIP POMPANO BEACH, FL 33062

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**DO NOT WRITE
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)(f), 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:

ANTHONY DiTocco

DIRECTOR

4/9/02

(954) 941-3329

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X.248

CR2E034B (12/01)