

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90079 026 ***150.00

DOCUMENT # P96000012201

1. Entity Name

DIROCCO, DOMBROW & ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

3601 WEST COMMERCIAL BLVD.
SUITE #22
FT. LAUDERDALE FL 33309

3601 WEST COMMERCIAL BLVD.
SUITE #22
FT. LAUDERDALE FL 33309

2. Principal Place of Business

3. Mailing Address

3601 W COMMERCIAL BLVD 3601 W COMMERCIAL BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #39

Suite 39

City & State

City & State

FT LAUDERDALE, FL

FT LAUDERDALE FL

Zip

Country

Zip

Country

33309

33309

USA

4. FEI Number

65-0640542

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

DIROCCO, RAYMOND M
3601 W. COMMERCIAL BLVD.
SUITE #22 39
FT. LAUDERDALE FL 33309

Name

RAYMOND M. DiRocco

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

3601 W. COMMERCIAL BLVD Ste 39

City

FT LAUDERDALE

FL

Zip Code

33309

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

RAYMOND DiRocco

1/26/01
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 DP ☐ Delete
NAME DIROCCO, RAYMOND M
STREET ADDRESS 3601 W. COMMERCIAL BLVD. #22 39
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE DP ☒ Change ☐ Addition
NAME RAYMOND M. DiRocco
STREET ADDRESS 3601 W COMMERCIAL BLVD #39
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE STD ☐ Delete
NAME DOMBROW, ALLAN B
STREET ADDRESS 3601 W. COMMERCIAL BLVD. #22 39
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE STD ☒ Change ☐ Addition
NAME ALLAN B. DOMBROW
STREET ADDRESS 3601 W COMMERCIAL BLVD #39
CITY-ST-ZIP FT LAUDERDALE FL 33309

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
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

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAYMOND DiRocco

Date

1/26/01

Daytime Phone #

954-731-8181

CR2E034 (10/00)