

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000012535**

1. Entity Name

**SCOTT E. ABOLAFIA ENTERPRISES, INC.****FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90039 049 \*\*\*150.00

Principal Place of Business

**1831 SABAR PALM DR  
FT. LAUDERDALE FL 33324**

Mailing Address

**9108-B S.W. 19TH PLACE  
FT. LAUDERDALE FL 33324-5072**

2. Principal Place of Business

**2661 LAKE PK CIR W**

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

**DAVE FL**

Zip

**33328**

Country

**USA**

City &amp; State

Zip

Country

4. FEI Number

**65-0642920**

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

**VECCHIO, JOSEPH A  
2929 EAST COMMERCIAL BLVD.  
BARNETT BANK TOWER, PENTHOUSE SUITE A  
FT. LAUDERDALE FL 33308**

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
ABOLAFIA, SCOTT E  
9108-B S.W. 19TH PLACE  
FT. LAUDERDALE FL 33324**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
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☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 reports 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 a signature empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #