

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000018572

1. Entity Name

RANDAZZO & ASSOCIATES, INC.

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90042 024 ***150.00

Principal Place of Business

4636 POINCIANA ST.
LAUDERDALE BY THE SEA FL 33308

Mailing Address

4636 POINCIANA ST.
LAUDERDALE BY THE SEA FL 33308

2. Principal Place of Business

8250 NE 88th St.

Suite, Apt. #, etc.

3. Mailing Address

8250 NE 88th St.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

4. FEI Number 65-0671879

Applied For

Not Applicable

Zip

33308

Country

Zip

33308

Country

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

LINK, CHRISTOPHER N ESQ
1222 N. UNIVERSITY DR
PLANTATION 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 D
NAME RANDAZZO, JOSEPH D
STREET ADDRESS 4636 POINCIANA ST.
CITY-ST-ZIP LAUDERDALE BY THE SEA FL 33308 ☒ Delete

TITLE President
NAME Randazzo, Joseph D.
STREET ADDRESS 8250 NE 88th St.
CITY-ST-ZIP Ft. Lauderdale, FL 33308 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
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 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:

Joseph D. Randazzo Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01

Date

(954) 566-3411

Daytime Phone #

CR2E034 (10/00)