

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000075431

1. Entity Name

SWEET SIGNS & DESIGNS, INC.

Principal Place of Business

403 SW 148 AVE  
#16  
PEMBROKE PINES FL 33027

Mailing Address

403 SW 148 AVE  
#16  
PEMBROKE PINES FL 33027-1307

2. Principal Place of Business

3625 Pembroke Rd.

Suite, Apt. #, etc.  
C-12

3. Mailing Address

3625 Pembroke Rd.

Suite, Apt. #, etc.  
C-12

City & State

Hollywood, FL

City & State

Hollywood, FL

4. FEI Number

65-0695287

Applied For

Not Applicable

Zip  
33021

Country  
USA

Zip  
33021

Country  
USA

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

MARINELLO, JOHN III  
6131 SW 37TH COURT  
DAVE FL 33314

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 PD  
NAME MARINELLO, JOHN III  
STREET ADDRESS 6131 SW 37TH COURT  
CITY-ST-ZIP DAVE FL 33314 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 403 SW 148 Ave.  
CITY-ST-ZIP Pembroke Pines, FL 33027 ☒ Change ☐ Addition

TITLE VD  
NAME BOURLIER, JOHN L  
STREET ADDRESS 14520 NW 12TH AVE  
CITY-ST-ZIP MIAMI FL 33168 ☐ Delete

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

TITLE STD  
NAME BOURLIER, MARGARET JEAN  
STREET ADDRESS 14520 NW 12TH AVE  
CITY-ST-ZIP MIAMI FL 33168 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
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:

**NOT REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90257 046 \*\*\*150.00

L0098458



DO NOT WRITE IN THIS SPACE

CR200-4 (5/00)