CR2E034 (9/01)

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 27, 2002 8:00 am P96000076258 DOCUMENT # **Secretary of State** 1. Entity Name 02-27-2002 90313 043 \*\*\*150.00 COLANGELO REALTY, INC. Principal Place of Business Mailing Address 809 SO. RIVERSIDE DRIVE UUUUTTUU 2033 EAST HILLSBORO BLVD.... POMPANO BEACH FL 33062 DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0693856 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COLANGELO, ANTHONY. Street Address (P.O. Box Number is Not Acceptable) 809 SO. RIVERSIDE DRIVE POMPANO BEACH FL 33062 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE TITLE ■ Addition COLANGELO, ANTHONY NAME NAME 809 RIVERSIDE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33062 CITY-ST-ZIP ☐ Addition TITLE **VPSD** ☐ Delete TITLE ☐ Change COLANGELO, ANTHONY NAME NAME STREET ADDRESS 809 RIVERSIDE DRIVE STREET ADDRESS POMPANO BEACH FL 33062 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME COLANGELO, JOHN JR NAME STREET ADDRESS STREET ADDRESS 809 RIVERSIDE DRIVE CITY-ST-ZIP POMPANO BEACH FL 33062 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trysie employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

of the corporation or the receiver or truste changed, or on an attachment with a

SIGNATURE: