

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000077062

1. Entity Name

WESTPORT STUCCO OF SOUTH FLORIDA, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90158 002 ***150.00

Principal Place of Business

5728 CORAL LAKE DRIVE
MARGATE FL 33063

Mailing Address

5728 CORAL LAKE DRIVE
MARGATE FL 33063-5800

2. Principal Place of Business

3100 NW Boca Raton Blvd.

3. Mailing Address

Same

Suite, Apt. #, etc.

#212

Suite, Apt. #, etc.

City & State

Boca Raton, Florida

City & State

4. FEI Number

65-0694724

Applied For

Not Applicable

Zip

Country

33431

USA

Zip

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

PALMIERI, GARY

2337 NW 89TH DRIVE #603
CORAL SPRINGS FL 33065

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

Gary Palmieri

Gary Palmieri

4/5/2000

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
DPV
PALMIERI, GARY
2337 NW 89TH DRIVE
CORAL SPRINGS FL 33065 ☐ Delete

TITLE
NAME
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☐ Change ☐ Addition

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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:

Gary Palmieri
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/5/2000

Date

Daytime Phone #

CR2E034 (9/99)