

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90108 040 ***150.00

80101761

DO NOT WRITE IN THIS SPACE

DOCUMENT # P 960000 9747
 1. Entity Name
PONTORNO Development Corp.

Principal Place of Business Mailing Address
11010 N.W. 3rd St. 11010 N.W. 3rd St.
Plantation, FL 33310 Plant. FL 33310

2. Principal Place of Business 3. Mailing Address
1519 S. Ocean Dr. 1519 S. Ocean Dr.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
NA NA

City & State City & State
FT. LAUD FL. FT. LAUD, FL.
 Zip Zip
33316 33316
 Country Country
USA USA

4. FEI Number Applied For
65-0710185
 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
George W. Mattheus III, Esquire
Suite 104, 1325 S. Congress Ave
Bayton Sch, FL.
33426

7. Name and Address of New Registered Agent
 Name **NA**
 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]** (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	TITLE	NAME	STREET ADDRESS
	PAUL PONTORNO Pres. + TREAS.	11010 N.W. 3rd St.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Pres. + TREASURER	PAUL PONTORNO
	Plant. FL. 33310	FL. 33310		1519 S. Ocean Dr.	FT. LAUD. FL. 33316
	020			Sec. + V.P.	ROSE PONTORNO
	Sec. + V.P.	11010 N.W. 3rd St.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1519 S. Ocean Dr.	FT. LAUD. FL. 33316
	PLANT. FL. 33310				
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> 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: **[Signature]** V.P.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)