## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED VAME OF SIGNING OFFICER OR DIRECTOR

## FILED Mar 05, 2001 8:00 am Secretary of State DOCUMENT # P96000099358 MAKE A CHANGE, CORP. 03-05-2001 90005 044 \*\*\*150.00 Principal Place of Business Mailing Address 300 N FEDERAL HWY P.O. BOX 1676 DANIA FL 33004-1676 **DANIA FL 33004** US 2. Principal Place of Business 3. Mailing Address 1676 025025 FLAMINGO LANE PO BOX Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0711978 FORT LAUDERDALE DANIA Not Applicable Country Zip Countr \$8.75 Additional 5. Certificate of Status Desired @ 33312 USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SERRALBO SERRALBO, SORAIA O. Box Number is Not Acceptable) 300 N FEDERAL HWY **DANIA FL 33004** 2188°E FORT LAUDERDALE 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 SORAIA SERRALBO FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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. ☐ Addition ☐ Delete TITLE TITLE GUASONE, FERRUCCIO 2525 FLAMINGO LANE **GUASONE, FERRUCCIO** NAME NAME STREET ADDRESS STREET ADDRESS 300 N FEDERAL HWY CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33312 **DANIA FL 33004** Change Addition VP/S ☐ Delete TITLE SERRALBO, SORAIA SERRALBO, SORAIA NAME NAME 2525 FLAMINGO LANE STREET ADDRESS STREET ADDRESS 300 N FEDERAL HWY CITY-ST-7IP FORT LAUDERDALE, FL 33312 CITY-ST-ZIP **DANIA FL 33004** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.