

2001-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000103474

1. Entity Name

PARELLO REALTY, INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 91103 015 ***150.00

Principal Place of Business

P.O. BOX 771016
SUITE 401
CORAL SPRINGS FL 33077

Mailing Address

P.O. BOX 771016
SUITE 401
CORAL SPRINGS FL 33077

00043364



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 771016

3. Mailing Address

P.O. Box 771016

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33077

Country

USA

Zip

33077

Country

USA

4. FEI Number 65-0745096

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARELLO, LESLIE ANN
3067 BAY BERRY WAY
MARGATE FL 33063

7. Name and Address of New Registered Agent

Name

MORRIE I. LEVINE

Street Address (P.O. Box Number is Not Acceptable)

2450 Hollywood Boulevard, Suite 100

City

Hollywood,

FL

Zip Code

33020

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

Morie I. Levine

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/25/01

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, 2001 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PARELLO, LESLIE ANN	
STREET ADDRESS	3067 BAY BERRY WAY	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph D. Buccellato	
STREET ADDRESS	4784 Roswell Road	
CITY-ST-ZIP	Atlanta, GA 30342	
TITLE	D, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nancy A. Parello	
STREET ADDRESS	P.O. Box 771016	
CITY-ST-ZIP	Coral Springs, FL 33077	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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:

Nancy A. Parello - Sec.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-01 - 954-788-9561

CR2E034 (10/00)