2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P96000104554 1. Entity Name VINCENT MISTRETTA, JR., INC. 04-24-2001 90280 034 ***150.00 Principal Place of Business Mailing Address 12164 NW 33RD STREET 12164 NW 33RD STREET CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0723080 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 MISTRETTA JR., VINCENT Street Address (P.O. Box Number is Not Acceptable) **12164 NW 33RD STREET** CORAL SPRINGS FL 33065 City 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. DATE (NOTE: Registered Agent signature required when reinstating) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete ☐ Change MISTRETTA, VINCENT JR NAME STREET ADDRESS **12164 NW 33RD STREET** STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33065 CITY-ST-7IP Change ☐ Addition TITLE Delete TITLE MISTRETTA, KELLY J NAME NAME STREET ADDRESS STREET ADDRESS 12164 NW 33RD STREET CITY-ST-7IP CITY-ST-ZIP **CORAL SPRINGS FL 33065** TITLE Delete TITLE Change Addition .NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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.