

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State
 03-28-2001 90219 016 ***150.00

0285002

DOCUMENT # P97000030752

1. Entity Name

LAW OFFICES OF GERALD T. SALERNO, P.A.

Principal Place of Business

**418 S CONGRESS AVE
 WEST PALM BEACH FL 33406
 US**

Mailing Address

**418 S CONGRESS AVE
 WEST PALM BEACH FL 33406
 US**

2. Principal Place of Business

5165 10th AVENUE NORTH
 Suite, Apt. #, etc.

3. Mailing Address

5165 10th AVENUE NORTH
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

GREENACRES, FL

City & State

GREENACRES, FL

4. FEI Number

65-0740288

Applied For

Not Applicable

Zip

33463

Country

USA

Zip

33463

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SALERNO, GERALD T
 418 S CONGRESS AVE
 WEST PALM BEACH FL 33406**

7. Name and Address of New Registered Agent

Name

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

5165 10th AVENUE NORTH

City

GREENACRES

FL

Zip Code

33463

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

GERALD T. SALERNO PRESIDENT

3/26/01

Signature, title, 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, 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** ☐ Delete
 NAME **SALERNO, GERALD T**
 STREET ADDRESS **418 S CONGRESS AVE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33406**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **SALERNO, GERALD T.**
 STREET ADDRESS **5165 10th AVENUE NORTH**
 CITY-ST-ZIP **GREENACRES, FL 33463**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

GERALD T. SALERNO, PRESIDENT

3/26/01

561-616-7292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034(10/00)