## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

TATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED DOCUMENT # **P97000031145** Mar 24, 2000 8:00 am Secretary of State GENNARO & COMPANY, INC. 03-24-2000 90065 020 \*\*\*150.00 Mailing Address Principal Place of Business 6574 HYPOLUXO ROAD 6574 HYPOLUXO ROAD BOYNTON BEACH FL 33467-7678 **BOYNTON BEACH FL 33467** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0794607 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ---Name GENNARO, THOMAS Street Address (P.O. Box Number is Not Acceptable) 6574 HYPOLUXO ROAD **BOYNTON BEACH FL 33467** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Z (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition TITLE ☐ Delete BREEDLOVE, RALPH NAME NAME STREET ADDRESS **921 19TH STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** ☐ Change M Addition ☐ Delete TITLE TITLE GENNARO, THOMAS NAME 12341 TIFTON COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33428** CITY-ST-ZIP ☐ Change ☐ Addition TITLE De ete TITLE GENNARO, ANGELA NAME STREET ADDRESS 12341 TIFTON COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33428** ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition THILE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 ampowered.

Thomas bennows 310-00 953