2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 24, 2000 8:00 am Secretary of State DOCUMENT # **P97000031467** 1. Entity Name TRAMONTANO ENTERPRISES, INC. 01-24-2000 90086 029 ***150.00 Principal Place of Business Mailing Address 1315 S. MILTARY TRAIL 1315 S. MILTARY TRAIL DEERFIELD BEACH FL 33442-7634 DEERFIELD BEACH FL 33441 C0009622 2. Principal Place of Business 3. Mailing Address 1385 S. M. LTAry Trail 1385 S. MILTARY Trail Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For -Deerfield City & State *4. FEI Number 65-0743471 Fl. Fl. Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33441 33441 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TRAMONTANO, James TRAMONTANO, JAMES ox Number is Not Acceptable) 1315 S. MILTARY TRAIL **DEERFIELD BEACH FL 33441** 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. PD PD ☐ Addition ☐ Delete TITLE TRAMONTANO, James TRAMONTANO, JAMES NAME NAME 1385 S. M. Mary Trail 1315 S. MILTARY TRAIL STREET ADDRESS STREET ADDRESS 33441 CITY-ST-ZIP **DEERFIELD BEACH FL 33441** CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE TRAMONTANO, DEBORAH NAME NAME 1315 MILTARY TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33441 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete TITLE TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date