

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90310 021 ***150.00

0344347 AV

DOCUMENT # P97000038494

1. Entity Name
LUCARELLA'S INC.

Principal Place of Business
4165 N DIXIE HWY
OAKLAND PARK FL 33334

Mailing Address
4165 N DIXIE HWY
OAKLAND PARK FL 33334



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0750378**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUADRITO, JEROME
3400 6ALT OCEAN DR
FORT LAUDERDALE FL 33308

Name **JEROME SQUADRITO**
 Street Address (P.O. Box Number is Not Acceptable) **3080 N.E 47 COURT # 508**
 City **FT. LAUDERDALE FL** Zip Code **33308**

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.

(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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **SQUADRITO, JEROME**
 STREET ADDRESS **2740 NE 15TH ST**
 CITY-ST-ZIP **FT LAUDERDALE FL 33304**

TITLE **PD** ☒ Change ☐ Addition
 NAME **JEROME SQUADRITO**
 STREET ADDRESS **3080 NE 47 CT. # 508**
 CITY-ST-ZIP **FT. LAUD. FL 33308**

TITLE **V** ☐ Delete
 NAME **SQUADRITO, MARIA**
 STREET ADDRESS **2740 NE 1ST ST**
 CITY-ST-ZIP **FT LAUDERDALE FL 33304**

TITLE **V** ☒ Change ☐ Addition
 NAME **MARIA SQUADRITO**
 STREET ADDRESS **3080 NE 47 CT # 508**
 CITY-ST-ZIP **FT. LAUD. FL. 33308**

TITLE **ST** ☐ Delete
 NAME **SQUADRITO, MARIA**
 STREET ADDRESS **2740 NE 15 ST**
 CITY-ST-ZIP **FT LAUDERDALE FL 33304**

TITLE **ST** ☒ Change ☐ Addition
 NAME **MARIA SQUADRITO**
 STREET ADDRESS **3080 NE 47 CT # 508**
 CITY-ST-ZIP **FT. LAUD FL 33308**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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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: **MARIA SQUADRITO** *Maria Squadruto* 3/1/02 868-0659
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(10) 960304