

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000039744

1. Entity Name

CORINNE M. MASTRONARDI, P.A.

FILED

Apr 24, 2000 8:00 am  
Secretary of State

04-24-2000 90107 035 \*\*\*150.00

Principal Place of Business

Mailing Address

912 E BROWARD BLVD  
FT LAUDERDALE FL 33335  
US

POST OFFICE DRAWER 21234  
FORT LAUDERDALE FL 33335-1234

2. Principal Place of Business

3. Mailing Address

3520 W. Broward Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 117

City & State

Fort Lauderdale FL

Zip

Country

Zip

Country

33312

USA

6. Name and Address of Current Registered Agent

MASTRONARDI, CORINNE M  
912 E BROWARD BLVD #B  
FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name Corinne M. Mastronardi

Street Address (P.O. Box Number is Not Acceptable)  
3520 W. Broward Blvd, # 117

City Fort Lauderdale FL Zip Code 33312

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D MASTRONARDI, CORINNE POST OFFICE DRAWER 21234 FORT LAUDERDALE FL 33335	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/6/00 934 893 9806

CR2E034 (9/99)