

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91564 041 ***150.00

DOCUMENT #

1. Entity Name

P970000039744
Corinne M. Mastronardi, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3520 West Broward Blvd

3. Mailing Address

P.O. Box 21234

Suite, Apt. #, etc.

Suite 117

Suite, Apt. #, etc.

City & State

Fort Lauderdale FL

City & State

Fort Lauderdale FL

Zip

33312

Country

US

Zip

33335

Country

US

4. FEI Number

65-0747788

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Robert McLaughlin Jr, Esq

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

515 E. Las Olas Blvd

Suite 1150

City

Fort Lauderdale

FL

Zip Code

33301

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 individual agent and if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

4/02/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
D
Mastronardi, Corinne
Post Office Drawer 21234
Fort Lauderdale FL 33335

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/02/02 8777767376

Date

Daytime Phone #