

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90049 013 ***150.00

DOCUMENT # P97000046599

1. Entity Name
DOUBLE EAGLE SECURITIES OF AMERICA, INC.

Principal Place of Business
**1860 N. PINE ISLAND ROAD, STE. 109
PLANTATION FL 33322**

Mailing Address
**1860 N. PINE ISLAND ROAD, STE. 109
PLANTATION FL 33322**

2. Principal Place of Business
7830 NW 44 Street
Suite, Apt. #, etc.

3. Mailing Address
7830 NW 44 Street
Suite, Apt. #, etc.

City & State
Sunrise, FL

City & State
Sunrise, FL

4. FEI Number
65-0758716

Applied For
Not Applicable

Zip
33351

Country
USA

Zip
33351

Country
USA

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

BERTUCELLI, DANIEL L
5008 IBIS COURT
COCONUT CREEK FL 33073

Name
5008 Ibis Ct.
Street Address (Res. Box Number is Not Acceptable)
City **Coconut Creek** **FL** Zip Code **33073**

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 **PST** ☐ Delete
NAME **BERTUCELLI, DANIEL L**
STREET ADDRESS **5008 IBIS COURT**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE ☒ Change ☐ Addition
NAME **5008 Ibis Ct**
STREET ADDRESS **Coconut Cr, FL 33073**
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **BERTUCELLI, STEVE**
STREET ADDRESS **937 CRESTVIEW CIRCLE**
CITY-ST-ZIP **WESTON FL 33327**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/01 984-578-6663
Date Daytime Phone #

CR2E034 (9/01)