

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000050913

1. Entity Name

DIFALCO, INC.

Principal Place of Business

7210 S.W. 57TH AVE  
STE. 202 E  
SOUTH MIAMI FL 33143

Mailing Address

7210 S.W. 57TH AVE  
STE. 202 E  
SOUTH MIAMI FL 33143-5321

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0774234

Applied For

Not Applicable

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

KOLSKI, STEPHEN J. ESQUIRE  
1700 ALFRED I DUPONT BUILDING  
169 EAST FLAGLER STREET  
MIAMI FL 33131

Name

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

City

FL

Zip Code

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 ☐ Delete  
NAME PST  
STREET ADDRESS DI FALCO, PETER J  
CITY-ST-ZIP 6220 S.W. 78TH ST.  
MIAMI FL 33143

TITLE ☐ Change ☐ Addition  
NAME 800003470658--2  
STREET ADDRESS -11/20/00--01118--015  
CITY-ST-ZIP \*\*\*\*\*150.00 \*\*\*\*\*150.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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

3/30/00  
Date

305-1663-7941  
Daytime Phone #

CR2E034 (9/99)



Peter J. Di Falco - Broker / Owner

Attachment  
P97000050913

②

November 9<sup>th</sup>, 2000

Florida Department of State  
Division of Corporations  
Reinstatement/Certificate Section  
P.O. Box 6327  
Tallahassee, Florida 32314-6327

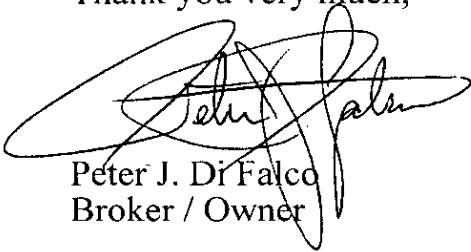
Dear Sean Toner, Ruth & Andy,

I very much appreciate your time, your help & your consideration at this time. As we discussed, I would like the opportunity to be reinstated, as my application & check was received by you late, due to the serious illness & death of my mother.

It hurts, just to type those words.

Again, anything you can do to help will be greatly appreciated.

Thank you very much,



Peter J. Di Falco  
Broker / Owner