

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000056023

1. Entity Name

MENNA BROTHERS NUMBER TWO, INC.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90006 003 ***150.00

Principal Place of Business

5316 US HWY. 19
NEW PORT RICHEY FL 34652

Mailing Address

38724 US 19 NORTH
TARPON SPRINGS FL 34689-3979
US

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

59-3459269

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

MENNA, AGOSTINO
38724 US 19 NORTH
TARPON SPRINGS FL

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 VP
NAME MENNA, ~~JOHN~~ MARIO
STREET ADDRESS 5316 US 19 N
CITY-ST-ZIP NEW PORT RICHEY FL 34652 ☐ Delete

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

TITLE CEO
NAME MENNA, JOHN
STREET ADDRESS 38724 US 19 N
CITY-ST-ZIP TARPON SPRINGS FL 34689 ☐ Delete

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

TITLE T
NAME MENNA, BRUNO
STREET ADDRESS 28596 US 19TH N
CITY-ST-ZIP CLEARWATER FL 33761 ☐ Delete

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

TITLE P
NAME MENNA, AGOSTINO
STREET ADDRESS 2958 KENILWICK DR N
CITY-ST-ZIP CLEARWATER FL 33761 ☐ Delete

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

TITLE S
NAME MENNA, MARCO
STREET ADDRESS 2896 CHANCERY LANE
CITY-ST-ZIP CLEARWATER FL 33759 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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

Agostino Menna

727-938-8814

Date

Daytime Phone #

3-6-00

CR2E034 (9/99)