

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000060638

1. Entity Name

SCOTT SICILIANO ENTERPRISES, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90061 049 ***150.00

Principal Place of Business

Mailing Address

2330 DUNHILL AVE
MIRAMAR FL 33025

2330 DUNHILL AVE
MIRAMAR FL 33025-3814

2. Principal Place of Business

2330 DUNHILL AVE

3. Mailing Address

2330 DUNHILL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR FL

City & State

MIRAMAR FL

4. FEI Number

65-0770467

Applied For

Not Applicable

Zip

Country

33025

USA

Zip

Country

33025

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

SICILIANO, SCOTT
2330 DUNHILL AVE
MIRAMAR FL 33025

Name

SCOTT SICILIANO

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

2330 DUNHILL AVE.

City

MIRAMAR

FL

Zip Code

33025

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

Scott Siciliano

3-3-00

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	D	<input type="checkbox"/> Delete
NAME	SICILIANO, SCOTT	
STREET ADDRESS	8335 S.W. 72ND AVENUE #212-D	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Scott Siciliano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-3-00

305-323-4544

CR2E034 (9/99)