

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094156

1. Entity Name

J.P.I. SALES, INC.

Principal Place of Business

7600 B WILES RD
CORAL SPRINGS FL 33071
US

Mailing Address

7600 B WILES RD
CORAL SPRINGS FL 33071
US

2. Principal Place of Business

6416 BARTON CREEK CIR
Suite, Apt. #, etc.

3. Mailing Address

6416 BARTON CREEK CIR
Suite, Apt. #, etc.

City & State

LAKE WORTH, FL.

Zip

Country

33463

City & State

LAKE WORTH, FL.

Zip

Country

33463

6. Name and Address of Current Registered Agent

4. FEI Number

65-0799578

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	PISCATELLO, JOHN	
STREET ADDRESS	10320 N.W. 6TH STREET	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	S	<input type="checkbox"/> Delete
NAME	PISCATELLO, JOHN	
STREET ADDRESS	10320 NW 6TH ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	"	
STREET ADDRESS	6416 BARTON CREEK CIR	
CITY-ST-ZIP	LAKE WORTH, FL. 33463	
TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	"	
STREET ADDRESS	6416 BARTON CREEK CIR	
CITY-ST-ZIP	LAKE WORTH, FL. 33463	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

John Piscatello - John Piscatello, 1-22-01-561-968-6625

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90039 034 ***150.00

. 952819



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)