

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000105728

1. Entity Name

ANGELO PIZZUTO, P.A.

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

05-10-2000 90099 041 ***150.00

Principal Place of Business
1001 BRICKELL BAY DR.
1508
MIAMI FL 33131
US

Mailing Address
1001 BRICKELL BAY DR.
1508
MIAMI FL 33131-4938
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 65-0809372

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIZZUTO, ANGELO
1111 KANE CONCOURSE
SUITE 600
BAY HARBOR ISLAND FL 33154

7. Name and Address of New Registered Agent

Name PIZZUTO ANGELO
Street Address (P.O. Box Number is Not Acceptable)
1001 BRICKELL BAY DRIVE
SUITE 1508
City MIAMI FL Zip 33131

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	PIZZUTO, ANGELO	1361-98TH STREET	BAY HARBOR ISLANDS FL 33154	<input type="checkbox"/>
D	GALARDI, JOHN G ESQ.	1001 BRICKELL BAY DRIVE, SUITE 1508	MIAMI FL 33131	<input type="checkbox"/>
D	GALE, JOHN	1001 BRICKELL BAY DR.	MIAMI FL 33131	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

DATE

DAYTIME PHONE #

4/27/2000 (305) 536-0100