

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90734 010 ***150.00

DOCUMENT # P97000105728

1. Entity Name
ANGELO PIZZUTO, P.A.



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

Mailing Address
**1001 BRICKELL BAY DR.
1508
MIAMI FL 33131
US**

2. Principal Place of Business
407 LINCOLN ROAD

3. Mailing Address

Suite, Apt. #, etc. **26**

Suite, Apt. #, etc.

City & State
MIAMI BEACH

City & State

Zip **FL** Country **33139**

Zip Country

☐ CHECK HERE IF MAKING CHANGES

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
1001 BRICKELL BAY DRIVE
SUITE 1508
MIAMI FL 33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Angelo Pizzuto**
Signature, typed or printed name of registered agent and title if applicable.

REGISTER AGENT
(NOTE: Registered Agent signature required when reinstating)

1/27/2003
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **PIZZUTO, ANGELO**
STREET ADDRESS **2006 BRICKELL BAY DR # 1508**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **PIZZUTO ANGELO**
STREET ADDRESS **407 LINCOLN ROAD, # 26**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

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

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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Angelo Pizzuto** **REGISTER AGENT** **1/29/2003** **(25) 534/1933**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)