

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 05, 2001 8:00 am  
Secretary of State

02-05-2001 90099 039 \*\*\*150.00

DOCUMENT # P97000107767

1. Entity Name

DIROCCO & DOMBROW, P.A.

Principal Place of Business

3601 W. COMMERCIAL BLVD.  
SUITE 22  
FORT LAUDERDALE FL 33309

Mailing Address

3601 W. COMMERCIAL BLVD.  
SUITE 22  
FORT LAUDERDALE FL 33309

2. Principal Place of Business

3601 W COMMERCIAL BLVD  
Suite, Apt. #, etc.  
SUITE 39

3. Mailing Address

3601 W COMMERCIAL BLVD  
Suite, Apt. #, etc.  
SUITE 39

City & State

FT LAUDERDALE FL

City & State

FT LAUDERDALE FL

Zip

33309

Country

Zip

33309

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0800998

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DIROCCO, RAYMOND M  
3601 W. COMMERCIAL BLVD.  
SUITE 22 39  
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name  
RAYMOND M. DIROCCO

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

3601 W. COMMERCIAL BLVD SUITE 39

City

FT LAUDERDALE

FL

Zip Code

33309

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]*

RAYMOND M DIROCCO

1-26-01

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	PD	<input type="checkbox"/> Delete
NAME	DIROCCO, RAYMOND M	
STREET ADDRESS	3601 W COMMERCIAL BLVD #22 39	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DOMBROW, ALLAN B	
STREET ADDRESS	3601 W COMMERCIAL BLVD #22 39	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYMOND M. DIROCCO	
STREET ADDRESS	3601 W. COMMERCIAL BLVD # 39	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLAN B. DOMBROW	
STREET ADDRESS	3601 W COMMERCIAL BLVD #39	
CITY-ST-ZIP	FT LAUDERDALE FL 33307	
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		
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:

*[Signature]*

RAYMOND M DIROCCO, 1-26-01

954.731-8181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)