FILED

Daytime Phone #

Date

2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trust changed, or on an attachment with an ac-

SIGNATURE:

Feb 07, 2002 8:00 am Secretary of State DOCUMENT # P98000009272 1. Entity Name 02-07-2002 90318 042 ***150 00 VINCENT J. ALTINO, P.A. Principal Place of Business Mailing Address 2101 WEST COMMERIAL BOULEVARD 2101 WEST COMMERIAL BOULEVARD **SUITE 4100 SUITE 4100** FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0812206 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ALTINO, VINCENT J ESQ. Street Address (P.O. Box Number is Not Acceptable) 2101 WEST COMMERIAL BOULEVARD **SUITE 4100** FT LAUDERDALE FL 33309 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE **PVTS** ☐ Delete TITLE ALTINO, VINCENT J NAME NAME 2101 WEST COMMERIAL BOULEVARD SUITE 4100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33309 CITY-ST-ZIP [] Change Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE [] Change ■ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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