

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90037 022 ***150.00

DOCUMENT # P98000019154

1. Entity Name

LAUREL J. RUGGIANO, INC.

Principal Place of Business

Mailing Address

**3305 PINEWALK DR N SUITE 107
MARGATE FL 33063**

**3305 PINEWALK DR N SUITE 107
MARGATE FL 33076-1692**

2. Principal Place of Business

11370 HERON BAY BLVD #1824

Suite, Apt. #, etc.
#1824

City & State
CORAL SPRINGS

Zip
33076

Country
BROWARD

3. Mailing Address

11370 HERON BAY BLVD

Suite, Apt. #, etc.
#1824

City & State
CORAL SPRINGS

Zip
33076

Country
BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0816686

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUGGIANO, LAUREL J
3305 PINEWALK DR N SUITE 107
MARGATE FL 33063**

Name

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

11370 HERON BAY BLVD #1824

City

CORAL SPRINGS

FL

Zip Code
33076

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **RUGGIANO, LAUREL J**
CITY-ST-ZIP **3305 PINEWALK DR N SUITE 107-
MARGATE FL 33063**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **11370 HERON BAY BLVD #1824**
CITY-ST-ZIP **CORAL SPRINGS FL 33076**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

LAUREL J RUGGIANO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)