

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000022259**

1. Entity Name

ADB Development INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90032 028 ***150.00

Principal Place of Business

Mailing Address

13 ROYAL PALM WAY 2P 33432
BOCA RATON FL Suite 206

C0042123

2. Principal Place of Business

3. Mailing Address

13 ROYAL PALM WAY

Suite, Apt. #, etc.

Suite 206

City & State

BOCA RATON FL

Zip

33432

Country

FL

Suite, Apt. #, etc.

City & State

Zip

33432

Country

FL

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0822214

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

Anthony Bonanno
13 ROYAL PALM WAY Suite 206
BOCA RATON FL 33432

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.

SIGNATURE

Anthony Bonanno

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/20/00

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	President	<input type="checkbox"/> Delete
NAME	Anthony Bonanno	
STREET ADDRESS	13 ROYAL PALM WAY UNIT 206	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	Officer	<input type="checkbox"/> Delete
NAME	Richard Bonanno	
STREET ADDRESS	13 ROYAL PALM WAY	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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

Anthony Bonanno

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/00

Date

Daytime Phone #

CR2E034 (9/99)