

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000023957

1. Entity Name

CAMPOFILONE CORPORATION

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

08-04-2000 90001 028 ***550.00

Principal Place of Business

635 CURTISS WOOD DRIVE
KEY BISCAYNE FL 33149

Mailing Address

635 CURTISS WOOD DRIVE
KEY BISCAYNE FL 33149

2. Principal Place of Business

5445 Collins Ave

3. Mailing Address

5445 Collins Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach FL

City & State

Miami Beach FL

Zip

33140

Country

Miami Dade

Zip

33140

Country

Miami Dade

4. FEI Number

65-0818702

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOMMASI, LIANA LIMA
FREEMAN BUTTERMAN & HABER, LLP
520 BRICKELL KEY DRIVE SUITE 0-305
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Horacio Mecozzi

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

5445 Collins Ave. # 1111

City

Miami Beach

FL

Zip Code

33140

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)

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FILE NOW!!! FEE IS \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PD
NAME MICOZZI, HORACE R
STREET ADDRESS 635 COURTISWOOD DRIVE
CITY-ST-ZIP KEY BISCAYNE FL 33149

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)