

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000023957**

1. Entity Name

**CAMPOFILONE CORPORATION****FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90051 050 \*\*\*150.00

0173230

Principal Place of Business

**5445 COLLINS AVE  
APT 1111  
MIAMI FL 33140**

Mailing Address

**5445 COLLINS AVE  
APT 1111  
MIAMI FL 33140****936351**

DO NOT WRITE IN THIS SPACE

|   |         |  |         |
|---|---------|--|---------|
| 2. Principal Place of Business                            |         | 3. Mailing Address                                     |         |
| Suite, Apt. #, etc.                                       |         | Suite, Apt. #, etc.                                    |         |
| City & State  |         | City & State   |         |
| Zip   | Country | Zip  | Country |
| 4. FEI Number <b>65-0818702</b>                           |         | Applied For<br><input type="checkbox"/> Not Applicable |         |
| 5. Certificate of Status Desired <input type="checkbox"/> |         | <b>\$8.75 Additional Fee Required</b>                  |         |

**6. Name and Address of Current Registered Agent****MECAZZI, HARACIO  
5445 COLLINS AVE #1111  
MIAMI FL 33140****7. Name and Address of New Registered Agent**

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

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 |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>PO</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MICOZZI, HORACE R</b>                  | NAME  |   |
| STREET ADDRESS             | <b>635 COURTIWOOD DRIVE</b>               | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>KEY BISCAYNE FL 33149</b>              | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete           | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | NAME  |   |
| STREET ADDRESS             |   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |   | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete           | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | NAME  |   |
| STREET ADDRESS             |   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |   | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete           | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | NAME  |   |
| STREET ADDRESS             |   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |   | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete           | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | NAME  |   |
| STREET ADDRESS             |   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |   | 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/15/01 305-978 7840**  
Date Daytime Phone #

CR2E034 (10/00)