

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000036337

1. Entity Name

RALPH DENICOLA, INC.

Principal Place of Business

Mailing Address

242 5W 12 ST
DANIA BCH FL 33004

P.O. BOX 222691
HOLLYWOOD FL 33022-2691

2. Principal Place of Business

800 NE 62 CRT

3. Mailing Address

800 NE 62 CRT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FLA

City & State

FT. LAUDERDALE FLA

Zip

34444

Country

Broward

Zip

34444

Country

4. FEI Number

65-0910601

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGAL, LAWRENCE J
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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, 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

TITLE PSTD
NAME DENICOLA, RALPH
STREET ADDRESS 2806 TAYLOR STREET
CITY-ST-ZIP HOLLYWOOD FL 33032

☒ Delete

TITLE PSTD
NAME DENICOLA, RALPH
STREET ADDRESS 800 NE 62 CRT
CITY-ST-ZIP FT. LAUDERDALE FLA 34444

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
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:

Ralph Denicola
RALPH DENICOLA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90044 040 ***150.00



DO NOT WRITE IN THIS SPACE.

CR2E034 (9/99)