FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90446 036 ***158.75

DOCUMENT # P98000036337

1. Entity Name
Ralph DeNicola Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1900 S Federal
Suite, Apt. #, etc.
City & State: Dania Beach
Zip: 33004 Country: USA

3. Mailing Address
410 NE 2 St
Suite, Apt. #, etc.
City & State: Hallandale FLA.
Zip: 33009 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 650-910-601 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Spiegal Lawrence
Street Address (P.O. Box Number is Not Acceptable): 343 Almeda ave
City: Coral Gables FL Zip Code: 33134

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	President Ralph F DeNicola 410 NE 2st Hallandale FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	" V
TITLE NAME STREET ADDRESS CITY-ST-ZIP	" T
TITLE NAME STREET ADDRESS CITY-ST-ZIP	" S
TITLE NAME STREET ADDRESS CITY-ST-ZIP	" C
TITLE NAME STREET ADDRESS CITY-ST-ZIP	"

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ralph F DeNicola 04/30/02 954-925-9040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #