

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90192 001 ***150.00

DOCUMENT # P98000041242

1. Entity Name

MICHAEL J. CAPPELLO, INC.

Principal Place of Business

745 US HIGHWAY #1
SUITE 102
NORTH PALM BEACH FL 33408

Mailing Address

745 US HIGHWAY #1
SUITE 102
NORTH PALM BEACH FL 33408

2. Principal Place of Business

2346 E. Edgewater Drive

3. Mailing Address

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, Florida

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0829860

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

CAPPELLO, MICHAEL J
745 US HIGHWAY #1
SUITE 102
NORTH PALM BEACH FL 33408

Name

Michael J. Cappello

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

2346 E. Edgewater Drive

City

Palm Beach Gardens

FL

Zip Code 33410

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]

Michael J. Cappello

1/22/01

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 PD
NAME CAPPELLO, MICHAEL J
STREET ADDRESS 745 U.S. 1, #102
CITY-ST-ZIP NORTH PALM BEACH FL 33408

☐ Delete

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TITLE PD
NAME Cappello, Michael J.
STREET ADDRESS 2346 E. Edgewater Dr.
CITY-ST-ZIP Palm Beach Gardens, FL 33410

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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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:

[Signature]

Michael J. Cappello

1/22/01 (561) 775-1036

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)