

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063699

1. Entity Name

Russoniello Properties, Inc.

Principal Place of Business  
4785 S. Citation Dr.  
#203  
Delray Beach, FL 33445

Mailing Address  
4785 S. Citation Dr.  
#203  
Delray Beach, FL 33445

2. Principal Place of Business  
3321 NE 59 Street  
Suite, Apt. #, etc.

3. Mailing Address  
717 E. Oak Street  
Suite, Apt. #, etc.

City & State  
Ft. Lauderdale, FL

City & State  
Kissimmee, FL 34744

Zip 33308 Country USA

Zip 34744 Country USA

4. FEI Number  
59-3523546

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
Harry J. Swart, CPA  
717 E. Oak Street  
Kissimmee, FL 34744

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 D	D	<input type="checkbox"/> Delete	TITLE PS	Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>	
NAME Russoniello, Joseph G.	NAME Russoniello, Joseph G.		NAME Russoniello, Joseph G.		
STREET ADDRESS 4785 S. Citation Dr. #203	STREET ADDRESS 4785 S. Citation Dr. #203		STREET ADDRESS 3321 NE 59th Street		
CITY-ST-ZIP Delray Beach, FL 33445	CITY-ST-ZIP Delray Beach, FL 33445		CITY-ST-ZIP Ft. Lauderdale, FL 33308		
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS		
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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: Joseph G. Russoniello Joseph G. Russoniello  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/15/01 Daytime Phone #: 561-912-7976

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**  
04-30-2001 90055 034 \*\*\*150.00

**A0059211**

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)