

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000064485

1. Entity Name

MOSCARIELLO DESIGN, INC.

Principal Place of Business

4656 CHERRY RD
WEST PALM BEACH FL 33417

Mailing Address

4656 CHERRY RD
WEST PALM BEACH FL 33417-5964

2. Principal Place of Business

6158 PALM BREEZES DR.

3. Mailing Address

6158 PALM BREEZES DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LANTANA, FL

City & State

LANTANA, FL

4. FEI Number

65-0853078

Applied For

Not Applicable

Zip

33462

Country

USA

Zip

33462

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 D
NAME MOSCARIELLO, LES
STREET ADDRESS 4656 CHERRY RD
CITY-ST-ZIP WEST PALM BEACH FL 33417 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ADDRESS Change ☐ Addition
NAME MOSCARIELLO, LES
STREET ADDRESS 6158 PALM BREEZES DR.
CITY-ST-ZIP LANTANA, FL 33462

TITLE D Change ☒ Addition
NAME MOSCARIELLO, JULIE
STREET ADDRESS 6158 PALM BREEZES DR.
CITY-ST-ZIP LANTANA, FL 33462

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

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

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

TITLE Change ☐ Addition
NAME
STREET ADDRESS
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

LES MOSCARIELLO

4/21/00
Date

561.963.9537
Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE