

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90020 023 ***150.00

0318333

DOCUMENT # P98000064485

1. Entity Name

MOSCARIELLO DESIGN, INC.

Principal Place of Business

**6158 PALM BREEZES DR.
 LANTANA FL 33462**

Mailing Address

**6158 PALM BREEZES DR.
 LANTANA FL 33462**

545600



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4201 Westgate Ave

3. Mailing Address

4201 Westgate Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B-9

B-9

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33409

Country

USA

Zip

33409

Country

USA

4. FEI Number

65-0853078

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KRAMER, SCOTT
 6650 W INDIANTOWN RD
 JUPITER FL 33458**

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, 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

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

TITLE **D** ☐ Delete
 NAME **MOSCARIELLO, JULIE**
 STREET ADDRESS **6158 PALM BREEZES DR.**
 CITY-ST-ZIP **LANTANA FL 33462**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
 NAME **Moscariello, Les**
 STREET ADDRESS **14034 E. Pimlico Dr.**
 CITY-ST-ZIP **Loxahatchee, FL 33470**

TITLE **Vice President** ☒ Change ☐ Addition
 NAME **Moscariello, Julie**
 STREET ADDRESS **14034 E. Pimlico Dr.**
 CITY-ST-ZIP **Loxahatchee, FL 33470**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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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:

Julie A. Moscarillo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01
 Date

561-242-7993
 Daytime Phone #

CR2E034 (10/00)