

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90490 039 ***150.00

DOCUMENT # P98000064485

1. Entity Name
MOSCARIELLO DESIGN, INC.

Principal Place of Business
4201 WESTGATE AVE
B-9
WEST PALM BEACH FL 33409

Mailing Address
4201 WESTGATE AVE
B-9
WEST PALM BEACH FL 33409



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4201 Westgate Ave.
Suite, Apt. #, etc.
A-15

3. Mailing Address
4201 Westgate Ave
Suite, Apt. #, etc.
A-15

City & State
West Palm Beach, FL
Zip
33409
Country
USA

City & State
West Palm Beach, FL
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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ **Delete**
NAME **MOSCANELLO, LES**
STREET ADDRESS **16034 E PIMILCO DRIVE**
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE **VP** ☐ **Delete**
NAME **MOSCARIELLO, JULIE**
STREET ADDRESS **16034 E PIMILCO DRIVE**
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

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 **P** ☒ **Change** ☐ **Addition**
NAME **Les Mascariello**
STREET ADDRESS **16034 E. Pimlico Dr.**
CITY-ST-ZIP **Loxahatchee, FL 33470**

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

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

TITLE ☐ **Change** ☐ **Addition**
NAME
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TITLE ☐ **Change** ☐ **Addition**
NAME
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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:

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

Date **4/30/02** **Daytime Phone #** **561-242-7993**

CR2E034 (9/01)