

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90210 036 ***158.75

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000071164 ✓
1. Entity Name
ST ONOFRE ENTERPRISES, INC.

Principal Place of Business Mailing Address
5647 LINCOLN ST. 5647 LINCOLN ST
HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number 65-0858224 Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TERRACUSO, JOSE P.
5647 LINCOLN ST
HOLLYWOOD, FL 33021
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D CHEDE, AMELIA M. <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5647 LINCOLN ST.	NAME	
CITY-STATE-ZIP	HOLLYWOOD, FL 33021	STREET ADDRESS	
		CITY-STATE-ZIP	
TITLE	D CHEDE, SIDNEY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5647 LINCOLN ST.	NAME	
CITY-STATE-ZIP	HOLLYWOOD, FL 33021	STREET ADDRESS	
		CITY-STATE-ZIP	
TITLE	D TERRACUSO, SUZIE C. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5647 LINCOLN ST.	NAME	
CITY-STATE-ZIP	HOLLYWOOD, FL 33021	STREET ADDRESS	
		CITY-STATE-ZIP	
TITLE	PD TERRACUSO, JOSEPH P. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5647 LINCOLN ST.	NAME	
CITY-STATE-ZIP	HOLLYWOOD, FL 33021	STREET ADDRESS	
		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY-STATE-ZIP		STREET ADDRESS	
		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY-STATE-ZIP		STREET ADDRESS	
		CITY-STATE-ZIP	

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
Date 4-17-00 Daytime Phone #