

DOCUMENT # P98000074118
1. Entity Name
FILIPI & CO., INC.

Principal Place of Business
2301 SOUTH OCEAN DRIVE
#2801
HOLLYWOOD FL 33019

Mailing Address
2301 SOUTH OCEAN DRIVE
#2801
HOLLYWOOD FL 33019

2. Principal Place of Business
2612 Sawgrass Mills Circle
Suite, Apt. #, etc.
SPACE 1511

3. Mailing Address
2301 SOUTH OCEAN DRIVE
Suite, Apt. #, etc.
PH # 2801

City & State
SUNRISE FLORIDA

City & State
HOLLYWOOD FL. 33019

Zip
33323

Country
U.S.A.

Zip
33019

Country
U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0859157

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
FILIPI, VILSON
2301 SOUTH OCEAN DRIVE
#2801
HOLLYWOOD FL 33019

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FILIPI, JOSEPH 2301 SOUTH OCEAN DRIVE, #2801 HOLLYWOOD FL 33019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FILIPI, VILSON 2301 SOUTH OCEAN DRIVE, #2801 HOLLYWOOD FL 33019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

1-05-01 1-954-572-9050
Date Daytime Phone #

CR2E034 (10/00)