

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000076440

1. Entity Name

RALPH PICARIELLO, INC.

R

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90160 027 ***150.00

Principal Place of Business

1221 SE. 10 ST
DEERFIELD BCH FL 33441

Mailing Address

1221 SE. 10 ST
DEERFIELD BCH FL 33441

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

65-0859312

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PICARIELLO, RALPH D
1221 SE. 10 ST
DEERFIELD BCH FL 33441

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PSTD ☐ Delete
NAME PICARIELLO, RALPH D
STREET ADDRESS 1221 SE 10 STREET
CITY-ST-ZIP DEERFIELD BEACH FL 33441

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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:

Ralph Picariello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/00-954-917-0490
Date Daytime Phone #

CR2E034 (5/00)

P98000576440

ADD 9246

RALPH PICARIELLO, INC.
1221 S.E. 10TH STREET
DEERFIELD BEACH, FL 33441

Phone 954-917-0490

July 12, 2000

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

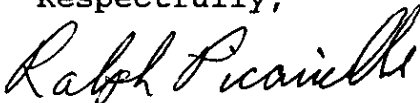
Dear Sir or Madam:

Please note that I have enclosed a check for \$150.00 for my annual report filing fee. On July 11, 2000 I received a report that stated it was a "second notice", but I had not received a first notice. I contacted the phone number for Report Instructions (850-488-9000) and was instructed to send the \$150.00 fee along with a letter of explanation to the above address.

Also, please note that the spelling of the Registered Agent should be Ralph Picariello.

If you have any questions, please contact me at 954-917-0490.

Respectfully,



RALPH PICARIELLO
President

sp
enclosures