

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2002 8:00 am
Secretary of State

02-15-2002 90021 004 ***150.00

0380019 AV

DOCUMENT # P98000077675

1. Entity Name

JOHN PINTO ENTERPRISES, INC.

Principal Place of Business

**7210 SADDLE ROAD
 LAKE WORTH FL 33463**

Mailing Address

**C/O GROMKO, PORTER & ASSOCIATES
 306 EAST BOYNTON BEACH BLVD.
 BOYNTON BEACH FL 33435**



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

John Porter Accounting, Inc.

400 S. Federal Hwy., Suite 405

Boynton Beach, Florida 33435

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0863443

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BAJ ACCOUNTING & TAX SERVICE, INC.
 C/O GROMKO & PORTER ACCOUNTING
 306 E BOYNTON BEACH BLVD.
 BOYNTON BEACH FL 33435**

Name

John Porter Accounting, Inc.

Street Address (P.O. Box Number is Not Acceptable)

400 S. Federal Hwy., Suite 405

City

Boynton Beach, Florida 33435

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-installing)

01/28/02

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
 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	P	PINTO, JOHN	7210 SADDLE ROAD	LAKE WORTH FL 33463						
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 reports 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/29/02

Date

Daytime Phone #

CR2E034 (9/01)