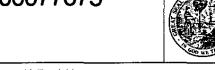
### **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## P98000077675 DOCUMENT #

1. Entity Name

JOHN PINTO ENTERPRISES, INC.



# **FILED** Apr 10, 2003 8:00 am Secretary of State

04-10-2003 90081 006 \*\*\*150.00

				NO WE I					
Principal Place of Business 7210 SADDLE ROAD LAKE WORTH FL 33463		John Porter 400 South Fe	Mailing Address JOHN PORTER ACCOUNTING. INC. 400 SOUTH FEDERAL HWY. STE. 405 BOYNTON BEACH FL 33435				FORM 1880 1880 1880		
2. Principal P	lace of Business	3. Mailing Addr	3. Mailing Address			,	88111 18811 18811 18811 <b>8</b>		
Suite, Apt.	#, etc.	Suite, Apt. #,	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & Stat	е	City & State	City & State			4. FEI Number 65-0863443 Applied For Not Applicable			
Zip	Country	Zip	Zip Coun		5. Certificate of Status Desired		S8.75 Additional Fee Required		
6. Name and Address of Current Registered					7. Nar	me and Address of New Rec	gistered Agent		
JOHN PORTER ACCOUNTING INC. 400 SOUTH FEDERAL HWY, STE 405				Name Street Add 4	HN P	ORISE ASSES	UNTING		
	BEACH FL 33435		1			403 W. Boynton Beach Blvd., #9			
DOTATOR	EDENORITE SONO				Boy	Inton Beach, FL 33	426		
	•		-	City		,	FL Zip	Code	
8. The above the obligat	named entity submits this stateme	nt for the purpose of ch	anging its registe	red office or regist	ered agent				
SIGNATURE .	Signature (yield or printed name of registered a	agent and title if applicable.	(NOTE: Register	ed Agent signature requi	red when reinst		01/14/0.	3	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550 Payable to Florida Departmen	n en en <del>en</del> tre		,n - 30 e -	Election Campaign Finar Trust Fund Contribution,	~ — +	5.00 May Be dded to Fees		
10.	OFFICERS A	ND DIRECTORS	11		ADDI	TIONS/CHANGES TO OFFIC	ERS AND DIRECT	TORS IN 11	
TITLE	Р		)elete TIT				Cha		
NAME	PINTO, JOHN		NAI	MÉ		į			
STREET ADDRESS	7210 SADDLE ROAD		STA	REET ADORESS					
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12. Thereby o	ertify that the information supplied	with this filing does not	qualify for the exe	emotion stated in S	Section 119	9 07(3)(i) Florida Statutes, I fu	irther certify that t	the information	

indicated on this report or supplemental export 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 10 or Block 11 if changed, or on an attachment with an address, hithalf other like empowered.

**SIGNATURE:** 

Daytime Phone #