

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000078878

1. Entity Name

THE TARTAMELLA GROUP, INC.

Principal Place of Business

1223 FAIRLAKE TRACE #809
WESTON FL 33326

Mailing Address

1223 FAIRLAKE TRACE #809
WESTON FL 33326-2805

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TARTAMELLA, CAMILLO
1223 FAIRLAKE TRACE #809
WESTON FL 33326

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	TARTAMELLA, CAMILLO	1223 FAIRLAKE TRACE #809	WESTON FL 33326	P/S/D			
				V/D	TARTAMELLA, FRANK	1223 FAIRLAKE TRACE #809	WESTON FL 33326
				T/D	TARTAMELLA, ROSE	1223 FAIRLAKE TRACE #809	WESTON FL 33326

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 an other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TARTAMELLA, CAMILLO 04/21/00 (954) 384-4841

Date

Daytime Phone #

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90177 050 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0862269** Applied For ☐ Not Applicable ☐

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

CR2E034 (9/99)