

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90156 047 ***150.00

DOCUMENT # P98000082613

1. Entity Name

FERDINAND DEBERARDINIS, P.A.

Principal Place of Business

**4400 WEST SAMPLE ROAD SUITE 240
 COCONUT CREEK FL 33073**

Mailing Address

**4400 WEST SAMPLE ROAD SUITE 240
 COCONUT CREEK FL 33073**

2. Principal Place of Business

2754 W. Atlantic Blvd.

3. Mailing Address

P.O. Box 670162

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #9

City & State

Pompano, FL

City & State

Coral Springs, FL

Zip

33069

Country

USA

Zip

33067

Country

USA

4. FEI Number

65-0863906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DEBARADINIS, FERDINAND
 4400 WEST SAMPLE ROAD SUITE 240
 COCONUT CREEK FL 33073**

7. Name and Address of New Registered Agent

Name

DeBerardinis, Ferdinand

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

2754 W. Atlantic Blvd. Suite #9

City

Pompano

FL

Zip Code

33069

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	DEBERARDINIS, FERDINAND	
STREET ADDRESS	4400 WEST SAMPLE RD STE 240	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DeBerardinis, Ferdinand	
STREET ADDRESS	2754 West Atlantic Blvd., Suite #9	
CITY-ST-ZIP	Pompano, FL 33069	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Ferdinand DeBerardinis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02
 Date

954 481 2600
 Daytime Phone #

CR2E034 (9/01)