

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000082951**

1. Entity Name

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90059 046 ***150.00

00022755

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

4081 N. FEDERAL HIGHWAY SUITE 110A
POMPANO BEACH, FL. 33064

2. Principal Place of Business

3. Mailing Address

SEE ABOVE

SEE ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

650-862-749

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

MICHAEL J. MELLA, ESQ.
7301 A. WEST PALMETTO PARK
SUITE 305C
BOLARATON, FL. 33433

Name

THOMAS ALLEN

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

4081 N. FEDERAL HIGHWAY

POMPANO BEACH, FL. 33064 SUITE 110A

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

2/7/00

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	P.	<input checked="" type="checkbox"/> Delete
NAME	MICHAEL J. MELLA, ESQ.	
STREET ADDRESS	7301 A. WEST PALMETTO PARK RD.	
CITY - ST - ZIP	SUITE 305C, BOLARATON, FL. 33433	
TITLE	V.P.	<input checked="" type="checkbox"/> Delete
NAME	PATRICK J. O'TOOLE	
STREET ADDRESS	4081 N. FEDERAL HIGHWAY, SUITE 110A	
CITY - ST - ZIP	POMPANO BEACH, FL. 33064	
TITLE	S.	<input checked="" type="checkbox"/> Delete
NAME	DONNA LANTY-O'TOOLE	
STREET ADDRESS	4081 N. FEDERAL HIGHWAY, SUITE 110A	
CITY - ST - ZIP	POMPANO BEACH, FL. 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS ALLEN	
STREET ADDRESS	4081 N. FEDERAL HIGHWAY SUITE 110A	
CITY - ST - ZIP	POMPANO BEACH, FL. 33064	
TITLE	VIP/SIT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHERYL CHAMBERS	
STREET ADDRESS	4081 N. FEDERAL HIGHWAY, SUITE 110A	
CITY - ST - ZIP	POMPANO BEACH, FL. 33064	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/00 951-788-2881

Date

Day/Line Phone

CR2E034 (9/99)