

# 2000 UNIFORM BUSINESS REPORT-(UBR)

FILED

Apr 05, 2000 8:00 am  
Secretary of State

04-05-2000 90083 002 \*\*\*158.75

DOCUMENT # P98000087653

1. Entity Name

ADDOTTA PROPERTIES, INC.

Principal Place of Business

4455 SATURN AVE.  
WEST PALM BEACH FL 33406

Mailing Address

4455 SATURN AVE.  
WEST PALM BEACH FL 33406-4026

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

65-0867622

4. FEI Number **APPLIED FOR**

Applied For

Not Applicable

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

BLASI & PIKE, P.A.  
7900 GLADES ROAD  
SUITE 445  
BOCA RATON FL 33434

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 **D** ☐ Delete  
NAME **ADDOTTA, SALVATORE**  
STREET ADDRESS **550 BUSINESS PARKWAY**  
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE **PVP** ☒ Change ☐ Addition  
NAME **ADDOTTA, SALVATORE**  
STREET ADDRESS **11191 52nd ROAD NORTH**  
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE **D** ☐ Delete  
NAME **ADDOTTA, LORI**  
STREET ADDRESS **550 BUSINESS PARKWAY**  
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE **ST** ☒ Change ☐ Addition  
NAME **ADDOTTA, LORI**  
STREET ADDRESS **11191 52nd ROAD NORTH**  
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 19.07(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

Date

Daytime Phone #

01/10/2000  
561-616-3516

CR2F034 (9/99)