

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092585

1. Entity Name

A. MIRIZIO ORTHOPEDIC AND ORTHOTICS, INC.

Principal Place of Business

1929 E ATLANTIC BLVD.
POMPANO BEACH FL 33060

Mailing Address

1929 E ATLANTIC BLVD.
POMPANO BEACH FL 33060

2. Principal Place of Business

6350 W. Atlantic Blvd
Suite, Apt. #, etc.

3. Mailing Address

6350 W. Atlantic Blvd
Suite, Apt. #, etc.

City & State

Margate FL
Zip 33063 Country US

City & State

FL
Zip 33063 Country US

4. FEI Number

59-3542033

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NANI, THOMAS
2081 MAPLEWOOD DRIVE
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 PD
NAME NANI, THOMAS
STREET ADDRESS 2081 MAPLEWOOD DR
CITY-ST-ZIP CORAL SPRINGS FL 33071

☐ Delete

TITLE VSTD
NAME NANI, ANDREA
STREET ADDRESS 2081 MAPLEWOOD DR
CITY-ST-ZIP CORAL SPRINGS FL 33071

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

100004610721
-09/25/01--01083--020
****150.00 ****150.00

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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 to an address, with all other like empowered.

SIGNATURE:

Thomas Nani

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 SEP 19 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E0345/01

MIRIZIO ORTHOPEDIC & ORTHOTICS, INC.

6350 WEST ATLANTIC BLVD.

MARGATE, FLORIDA 33063

CUSTOM DESIGNS OF ARCH SUPPORTS

EST. 1912

TEL: 954-782-8776 FAX: 954-782-355

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Monday, September 17, 2001

FE # 59-3542033

Florida Department of State
Divisions of Corporations
P.O Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

As per our telephone conversation of this date, we are sending you the check for our corporation as we have moved and you do not have the correct address.

The amount submitted is \$ 150.00 as per your department.

Thank you for your help and may all of you stay safe.

Sincerely,

Thomas Nani

Thomas Nani
President

P.S. We did not get your letter of January.