

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000099893**

1. Entity Name

ALOHA ENTERPRISES, INC.**FILED**
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90002 003 ***158.75

Principal Place of Business

**2727 HARBOR BEACH PARKWAY
FORT LAUDERDALE FL 33316**

Mailing Address

**2727 HARBOR BEACH PARKWAY
FORT LAUDERDALE FL 33316**

2. Principal Place of Business

1421 So Ocean DR

3. Mailing Address

1421 So. Ocean DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FT. Lauderdale

DO NOT WRITE IN THIS SPACE

City & State

FT. Lauderdale FL

City & State

FLA4. FEI Number **65-0880396**

Applied For

Not Applicable

Zip

33316

Country

Broward

Zip

33316

Country

Broward5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MASCOLO, WAYNE A
2727 HARBOR BEACH PARKWAY
FORT LAUDERDALE FL 33316**

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.

Wayne A Mascolo

(NOTE: Registered Agent signature required when reinstating)

1/4/001

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MASCOLO, WAYNE A 2727 HARBOR BEACH PARKWAY FORT LAUDERDALE FL 33316	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MASCOLO, JAMES 2727 HARBOR BEACH PKWY FORT LAUDERDALE FL 33316	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS SHEWMAKER, WENDY 2727 HARBOR BEACH PKWY FORT LAUDERDALE FL 33316	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DONNA MASCOLO 1811 Highway A1A UNIT 2401 Indian Harbor Beach FL 32937-3585	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wayne A Mascolo**1/4/001**

Date

954-462-7245

Daytime Phone #