2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State
05-04-2000 90124 024 ***150.00

DOCUMENT # Autumanda, Inc.
Entity Name

P98000100550

Principal Place of Business | Mailing Address

1237 Coppitt Key St
Lake Worth, FL 33467

652248

DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
1237 Coppitt Key St	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Worth, FL	City & State
Zip: 33467 Country: USA	Zip Country

4. FEI Number 65-0880391 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

1237 Coppitt Key St
Lake Worth, FL 33467
Isabella M. Alamia

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) same
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 Isabella M. Alamia 4/28/00
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	P/VP/S/T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Isabella M. Alamia	NAME	
STREET ADDRESS	1237 Coppitt Key St	STREET ADDRESS	
CITY-ST-ZIP	Lake Worth, FL 33467	CITY-ST-ZIP	
TITLE	VP/Sec ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	Andy Alamia	NAME	
STREET ADDRESS	1237 Coppitt Key St	STREET ADDRESS	Andrew S Alamia
CITY-ST-ZIP	Lake Worth, FL 3346	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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: Isabella M. Alamia 4/28/00 (954) 782-1556 (561) 966-4690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #