

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90394 038 ***150.00

DOCUMENT # 99000014414

1. Entity Name

DO NOT WRITE IN THIS SPACE

669612

2. Principal Place of Business

2437 PEMBROKE RD.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 898

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HOUSTON, TX.

City & State

FT. LAUDERDALE FL.

4. FEI Number

65-0895278

Applied For

Not Applicable

Zip

33020

Country

USA

Zip

33302

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

JOHN V. GIGLIANTI, ESQ.

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

540 NE 4TH ST.

City

FORT LAUDERDALE

FL

Zip Code

33301

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
SHARON RITZER
PO BOX 898
FT. LAUDERDALE FL 33302

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP/IS/D
ROSANNE CASALE
PO BOX 898
FT. LAUDERDALE FL 33302

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ANTHONY CASALE
PO BOX 898
FT. LAUDERDALE FL 33302

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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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 on an attachment with an address with all other like empowered.

SIGNATURE: Rosanne D. Casale ROSANNE D. CASALE V.P. 4/30/02 954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 925-3371

CR2E034B (12/01)