

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2002 8:00 am
Secretary of State

08-16-2002 90001 014 ***550.00

DOCUMENT # P99000021864

1. Entity Name

JULIANO'S BALLROOM, INC.

✓

Principal Place of Business

**255 NE THIRD DRIVE
 HOMESTEAD FL 33030**

Mailing Address

**255 NE THIRD DRIVE
 HOMESTEAD FL 33030**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0914337**

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

BRENT PROBINSKY, P.A.

**255 NE THIRD DRIVE
 HOMESTEAD FL 33030**

Name

Richard J Pineda

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

255 NE 3rd drive

City

Homestead

FL

Zip Code

33030

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/9/02

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 13, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	LOPEZ, GUADALUPE B	
STREET ADDRESS	853 SW 2 ST	
CITY-ST-ZIP	FLORIDA CITY FL 33034	
TITLE	D	<input type="checkbox"/> Delete
NAME	PINEDA, RICHARD	
STREET ADDRESS	853 SW 2 ST	
CITY-ST-ZIP	FLORIDA CITY FL 33034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (4/02)

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 RICHARD J PINEDA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/9/02
 Date

786-243-1508
 Daytime Phone #