

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031622

1. Entity Name

MICHAEL J. PILATO, CPA, P.A.

FILED

Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90111 010 ***150.00

Principal Place of Business

Mailing Address

4781 NORTH CONGRESS AVENUE #120
LANTANA FL 33462

4781 NORTH CONGRESS AVENUE #120
LANTANA FL 33462

2. Principal Place of Business

639 E. Ocean Ave.

3. Mailing Address

639 E. Ocean Ave.

Suite, Apt. #, etc.

Suite 309

Suite, Apt. #, etc.

Suite 309

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

Zip

33435

Country

Zip

33435

Country

4. FEI Number

65-0906293

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

PILATO, MICHAEL J
7351 SOUTHAMPTON TERRACE
BOYNTON BEACH FL 33462

Name

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

City

FL

Zip Code

33436

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 \$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

TITLE D
NAME PILATO, MICHAEL J
STREET ADDRESS 4781 NORTH CONGRESS AVENUE #120
CITY-ST-ZIP LANTANA FL 33462

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/P
NAME
STREET ADDRESS 7351 Southampton Terrace
CITY-ST-ZIP Boynton Beach, FL 33436

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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☐ Change ☐ Addition

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

SIGNATURE:

Michael J. Pilato
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/00

Date

561-740-0631

Daytime Phone #

CR2E034 (9/99)