

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033558

1. Entity Name

SPIKE OF SOUTH FLORIDA, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90180 001 ***150.00

Principal Place of Business

Mailing Address

~~7112 Woodmont Ave~~
TAMARAC, FL. 33321

~~7112 Woodmont Ave~~
TAMARAC, FL. 33321

2. Principal Place of Business

3. Mailing Address

8415 NW 26 Dr
Suite, Apt. #, etc.

8415 NW 26 Dr
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CORAL SPRINGS FL
Zip
Broward

City & State
CORAL SPRING FL
Zip
33065 Broward

4. FEI Number

65-0911450

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

MICHAEL PIZZUTELLI
~~7112 WOODMONT AVE~~
TAMARAC, FL. 33321

Name

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

8415 NW 26 DR
CORAL SPRINGS
City CORAL SPRINGS FL Zip Code 33065

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME MICHAEL PIZZUTELLI ☐ Delete
STREET ADDRESS ~~7112 WOODMONT AVE~~
CITY-ST-ZIP TAMARAC, FL. 33321

TITLE
NAME MICHAEL PIZZUTELLI ☒ Change ☐ Addition
STREET ADDRESS 8415 NW 26 DR
CITY-ST-ZIP CORAL SPRINGS 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

290-7112

Daytime Phone #

CR2E034 (9/99)