

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000035070**

1. Entity Name

**DALI AND ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

**1071 SW 4 AVE.**

**SAME**

**POMPANO BEACH, FL. 33060**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELIZABETH B. FONTECCHIO**

Name

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

City

**FL**

Zip Code

4. FEI Number

**214-21-0216**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**A0073975**

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 **PRESIDENT** ☐ Delete  
NAME **ELIZABETH B. FONTECCHIO**  
STREET ADDRESS **1071 SW 4 AVE.**  
CITY-ST-ZIP **POMPANO BEACH, FL. 33060**

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

TITLE **VICE PRESIDENT** ☐ Delete  
NAME **DAVID R. FONTECCHIO**  
STREET ADDRESS **1071 SW 4 AVE.**  
CITY-ST-ZIP **POMPANO BEACH, FL. 33060**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/16/00**

Date

**954-782-8171**

Daytime Phone #

CR2E034 (9/99)

Attachment

Doc. # P9900000 350 70  
ADD73975

Aug. 16, 2000

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL. 32302

To whom it may concern:

We are sorry for the delay in payment, but we never received the first notice in January.

Sincerely,

A handwritten signature in black ink, appearing to read "David Fontecchio", with a stylized flourish at the end.

David Fontecchio  
Vice President  
Dali and Associates, Inc.