

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036511

1. Entity Name

PELLERITO CARPET & UPHOLSTERY CLEANING, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90014 015 ***150.00

Principal Place of Business

Mailing Address

~~1804 N UNIVERSITY DRIVE~~
~~PEMBROKE PINES FL 33024~~

~~1804 N UNIVERSITY DRIVE~~
~~PEMBROKE PINES FL 33024 3604~~

2. Principal Place of Business

1760 N UNIVERSITY DR
Suite, Apt. #, etc.

3. Mailing Address

1760 N UNIVERSITY DR
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State PEMBROKE PINES, FL		City & State PEMBROKE PINES, FL		4. FEI Number 65-0935633	Applied For <input type="checkbox"/> Not Applicable
Zip 33024	Country USA	Zip 33024	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PELLERITO, ANTHONY
~~1804 N UNIVERSITY DRIVE~~
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name

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

1760 N UNIVERSITY DR.

PEMBROKE PINES

FL

Zip Code
33024

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 PELLERITO, GIUSEPPE	STREET ADDRESS 1804 N UNIVERSITY DRIVE	CITY-ST-ZIP PEMBROKE PINES FL 33024	<input type="checkbox"/> Delete
TITLE D	NAME PELLERITO, ANTHONY	STREET ADDRESS 1804 N UNIVERSITY DRIVE	CITY-ST-ZIP PEMBROKE PINES FL 33024	<input type="checkbox"/> Delete
TITLE D	NAME PELLERITO, PAUL	STREET ADDRESS 1804 N UNIVERSITY DRIVE	CITY-ST-ZIP PEMBROKE PINES FL 33024	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		1760 N UNIVERSITY DR.	PEMBROKE PINES, FL 33024	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		1760 N UNIVERSITY DR.	PEMBROKE PINES, FL 33024	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		1760 N UNIVERSITY DR.	PEMBROKE PINES, FL 33024	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E034 (9/99)