FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 15, 2002 8:00 am **DOCUMENT #** P99000037093 **Secretary of State** 1. Entity Name 01-15-2002 90006 006 ***150.00 CALANO & CO., INC. Principal Place of Business Mailing Address 3800 NW 19TH ST 3800 NW 19TH ST LAUDERHILL FL 33311 LAUDERHILL FL 33311 2. Principal Place of Business 3800 WW . 19 - 5T Suite, Apt. #, etc. 3. Mailing Address SAME DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0913000 LAUDERITILL Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CALANO, GORDON T Street Address (P.O. Box Number is Not Acceptable) 1430 SE 14TH DRIVE 1430 SE 14 19 DRIVE **DEERFIELD BEACH FL 33441** DEERFIELD Beach 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 Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) TITLE ☐ Delete TITLE ☐ Addition NAME CALANO, GORDON T NAME STREET ADDRESS 1430 SE 14TH DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BEACH FL 33441** THLE ☐ Delete TITLE ☐ Change Addition DVT NAME NAME CALANO, ROBERT T STREET ADDRESS STREET ADDRESS 1240 WEST LAKES DRIVE CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BEACH FL 33442** TITLE TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete . TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Delete TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.