

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90477 040 ***150.00

DOCUMENT # **P99000040293**

1. Entity Name
5580 NORTH PINE ISLAND RD, INC.

Principal Place of Business
**5580 N. PINE ISLAND RD
LAUDERHILL FL
33351**

Mailing Address
**5580 N. PINE ISLAND RD
LAUDERHILL, FL
33351**

C0100558

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FFI Number 65-6921183	Applied For Not Applicable
State, Apt. #, etc.		State, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State			
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (PO Box Number is Not Acceptable)		Street Address (PO Box Number is Not Acceptable)	
City		City	Zip Code

8. This 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 _____ DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILED FEE IS \$150.00**
AFTER MAY 1, 2000 Fee will be \$500.00
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	D. BASILONE, ROBERT	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASILONE, ROBERT		NAME		
STREET ADDRESS	5580 N. PINE ISLAND RD		STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL 33351		CITY-ST-ZIP		
TITLE	D. EVANS JOHN	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS JOHN		NAME		
STREET ADDRESS	5580 N. PINE ISLAND RD		STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL, FL 33351		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **Robert Basalone Pres**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2000 954-748-7233

CR2FD.34 (9/99)