## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 03, 2001 8:00 am Secretary of State DOCUMENT # P99000051743 1. Entity Name N A 2 4. INC. 05-03-2001 90068 009 \*\*\*150.00 Principal Place of Business Mailing Address 415 NE 32ND STREET 415 NE 32ND STREET **BOCA RATON FL 33431** BOCA RATON FL 33431 2. Principal Place of Business 3. Mailing Address N.E Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0924796 Boca Not Applicable Katon Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 3343 I 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOMBARDO, ANTONIO Street Address (P.O. Box Number is Not Acceptable) 415 NE 32ND STREET **BOCA RATON FL 33431** Zip Code FL 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 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, 2001 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. 12. CR2E034 (10/00) PTSD ☐ Change ☐ Addition TITLE Delete TITLE LOMBARDO, ANTONIO NAME NAME 415 NE 32ND STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** Change TITLE □ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition IAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete ☐ Change TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP TITLE ☐ Delete ☐ Change TITLE ☐ 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. Date Daytime Phone #