

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90337 038 ***150.00

DOCUMENT # P99000054261

1. Entity Name
JOSEPH VITULANO INC.

Principal Place of Business Mailing Address
10547 NW 10TH ST. **10547 NW 10TH ST.**
PLANTATION FL 33322 **PLANTATION FL 33322**

2. Principal Place of Business 3. Mailing Address
10126 CAMELBACK LANE **10126 CAMELBACK LANE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
BOCA RATON FLORIDA **BOCA RATON FLORIDA**
 Zip Zip Country Country
33498 **33498**

4. FEI Number **65-0928112** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
VITULANO, JOSEPH
10547 NW 10TH ST.
PLANTATION FL 33322

7. Name and Address of New Registered Agent
 Name **JOSEPH VITULANO**
 Street Address (P.O. Box Number is Not Acceptable)
10126 CAMELBACK LANE
 City **BOCA RATON** FL Zip Code **33498**

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 *Joseph Vitulano* DATE 2/28/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PS VITULANO, JOSEPH 10547 NW 10TH ST. PLANTATION FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS JOSEPH VITULANO 10126 CAMELBACK LANE BOCA RATON FL 33498 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Joseph Vitulano* Date 2/28/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)