FILED

## 2003 FOR PROFIT CORPORATION

## Apr 07, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P99000071803 DOCUMENT # 1. Entity Name 04-07-2003 91022 032 \*\*\*150.00 CANELLA ENTERPRISES, INC. Principal Place of Business Mailing Address 845 S.W. 13TH ST. 845 S.W. 13TH ST. FT. LAUDERDALE FL 33315 FT. LAUDERDALE FL 33315 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0938780 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7.- Name and Address of New Registered Agent-CANELLA, PAUL J Street Address (P.O. Box Number is Not Acceptable) 845 S.W. 13TH ST. FT. LAUDERDALE FL 33315 City Zip Code 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. I am familiar with, and accept the obligations of registered age; SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE a TITLE ☐ Delete ☐ Change CANELLA, PAUL J NAME, NAME STREET ADDRESS 845 S.W. 13TH ST. STREET ADDRESS FT. LAUDERDALE FL 33315 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE ☐ Change TITLE CANELLA, RENEE NAME NAME 845 SW 13 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33315 CITY-ST-ZIP Change fift.E TITI F Capitibb [ ] NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

☐ Delete

Change

Addition