

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000074004

1. Entity Name

STEVEN R. PIETRO P.A.

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90082 042 \*\*\*150.00

Principal Place of Business

Mailing Address

1930 NW 107TH AVENUE  
PEMBROKE PINES FL 33026

1930 NW 107TH AVENUE  
PEMBROKE PINES FL 33026-2318

2. Principal Place of Business

8261 NW 15TH STREET

3. Mailing Address

8261 NW 15TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PEMBROKE PINES, FLORIDA

City & State

PEMBROKE PINES, FLORIDA

4. FEI Number

05-0941955

Applied For

Not Applicable

Zip

33024

Country

U.S.A

Zip

33024

Country

U.S.A

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIETRO, STEVEN R  
1930 NW 107TH AVENUE  
PEMBROKE PINES FL 33026

Name

PIETRO, STEVEN R.

Street Address (P.O. Box Number is Not Acceptable)

8261 NW 15TH STREET

City

PEMBROKE PINES

FL

Zip Code

33024

8. The above named entity submits this statement for the purpose of changing its registered office, 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

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, 2000 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 PSD ☐ Delete  
NAME PIETRO, STEVEN R  
STREET ADDRESS 1930 NW 107TH AVENUE  
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE PSD ☒ Change ☐ Addition  
NAME PIETRO, STEVEN R  
STREET ADDRESS 8261 N.W. 15TH ST.  
CITY-ST-ZIP PEMBROKE PINES, FL. 33024

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/9/00 (954) 435-3038

CR2E034 (9/99)