

DOCUMENT # P99000076429

1. Entity Name

BOX 47, INC.

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

03-06-2000 90057 026 ***150.00

Principal Place of Business Mailing Address
~~4700 N. STATE RD 7~~ ~~4700 N. STATE RD 7~~
~~SUITE 221~~ ~~SUITE 221~~
~~FT. LAUDERDALE FL 33319~~ ~~FT. LAUDERDALE FL 33319-5004~~

2. Principal Place of Business 3. Mailing Address
 2825 UNIVERSITY DR. 2825 UNIVERSITY DR.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 450 450

City & State City & State
 CORAL SPRINGS, FL CORAL SPRINGS, FL
 Zip Country Zip Country
 33065 USA 33065 USA

4. FEI Number Applied For
 65-0954901 Not Applicable

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

DEMARIO, GAY
 4700 N. STATE RD 7
 SUITE 221
 FT. LAUDERDALE FL 33319

Name

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

2825 UNIVERSITY DRIVE
 #450
 City CORAL SPRINGS FL Zip Code 33065

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

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	DEMARIO, GAY 2450 NE 15TH AVE, STE 109 WILTON MANORS FL 33305	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	ROCCO, GERALDINE 5880 NE 21TH DR. FT. LAUDERDALE FL 33308	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:

Gay De Mario
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-00

Date

954-563-1957

Daytime Phone #