

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90011 001 ***150.00

DOCUMENT # P99000085244

1. Entity Name

PHOTOGRAPHY BY J. MICHAEL CONTE, INC.

Principal Place of Business

**13809 HERONWOOD LANE
APT 36
FORT MYERS FL 33919
US**

Mailing Address

**2601 S. BAYSHORE DRIVE #1250
MIAMI FL 33133**

2. Principal Place of Business

229 Kittery Court

Suite, Apt. #, etc.

3. Mailing Address

3001 Ponce de Leon Blvd

Suite, Apt. #, etc.

Suite 262

City & State

FORT MYERS FL

City & State

Coral Gables, FL

Zip

33912

Country

US

Zip

33134

Country

USA

4. FEI Number

65-0961890

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WANDA PISTELLA, P.A.
2601 S. BAYSHORE DRIVE
SUITE 1250
MIAMI FL 33133**

7. Name and Address of New Registered Agent

Name

Wanda Pistella, P.A.

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

3001 Ponce de Leon Blvd.

Suite 262

City

Coral Gables

FL

Zip Code

33134

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

Wanda Pistella, Wanda Pistella,

1/10/01

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, 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

TITLE	DPST	<input checked="" type="checkbox"/> Delete
NAME	PISTELLA, MICHAEL D	
STREET ADDRESS	13809 HERONWOOD LANE 36	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	DPST	<input type="checkbox"/> Delete
NAME	PISTELLA, MICHAEL D	
STREET ADDRESS	229 Kittery Court	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael D. Pistella	
STREET ADDRESS	40 3001 Ponce de Leon Blvd, #262	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Michael D. Pistella

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01

Date

941-415-2892

Daytime Phone #

CR2E034 (10/00)