

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90017 004 \*\*\*150.00

**C0023797**



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P99000086825**

1. Entity Name

**20TH STREET, INC.**

Principal Place of Business

Mailing Address

**701 US HIGHWAY ONE #402  
NORTH PALM BEACH FL 33408**

**701 US HIGHWAY ONE #402  
NORTH PALM BEACH FL 33408-4514**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FFI Number

**Applied For**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name  
**Lawrence W. Smith, Esq.**  
Street Address (P.O. Box Number is Not Acceptable)  
**701 U.S. Hwy 1, Suite 402**  
City  
**North Palm Beach** FL Zip Code  
**33408**

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

**2/2/00**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD CAREY, MICHAEL 701 US HIGHWAY ONE #402 NORTH PALM BEACH FL 33408</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Wayne A. Creber 701 U.S. Hwy One, Suite 402 North Palm Beach, FL 33408</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD John Staluppi 701 U.S. Hwy One, Suite 402 North Palm Beach, FL 33408</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/S Jeanette Staluppi 701 U.S. Hwy One, Suite 402 North Palm Beach, FL 33408</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director John Resatti 701 U.S. Hwy One, Suite 402 North Palm Beach, FL 33408</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> 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 links empowered.

SIGNATURE:

**Signature and Typed or Printed Name of Signing Officer or Director**

**2-8-00**

Date

Daytime Phone #

CR2E034 (9/99)