

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000089655

1. Entity Name
JAMES MANCINI & ASSOC., INC.

Principal Place of Business
APT.101.3620 W. HILLSBORO BLVD.
COCONUT CREEK FL 33073

Mailing Address
APT.101.3620 W. HILLSBORO BLVD.
COCONUT CREEK FL 33073

2. Principal Place of Business
2146 Polo Gardens Dr.

Suite, Apt. #, etc.

Apt. 105

City & State
Wellington, FL

Zip
33414

Country
U.S.A.

3. Mailing Address
2146 Polo Gardens Dr.

Suite, Apt. #, etc.

Apt 105

City & State
Wellington, FL

Zip
33414

Country
U.S.A.

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90015 033 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0988637**

Applied For
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

MANCINI, JAMES
APT.101.3620 W. HILLSBORO BLVD.
COCONUT CREEK FL 33073

Name

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

City

FL

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.

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MANCINI, JAMES
3620 W. HILLSBORO BLVD. #101
COCONUT CREEK FL 33073

☐ Delete

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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: James Mancini **JAMES MANCINI** 3/16/01 561-951-8496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)