

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094790

1. Entity Name

PORTOFINO AMERICA, INC.

(R)

**FILED**  
**Aug 11, 2000 8:00 am**  
**Secretary of State**

08-11-2000 90001 046 \*\*\*150.00

Principal Place of Business

1835 S OCEAN DRIVE  
FORT LAUDERDALE FL 33316

Mailing Address

1835 S OCEAN DRIVE  
FORT LAUDERDALE FL 33316

2. Principal Place of Business

3. Mailing Address

P.O. BOX 165119

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Fort Lauderdale, Florida

4. FEI Number

22-3690434

Applied For

Not Applicable

Zip

Country

Zip

33316-5119

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

SGARLATO, PETER A  
1835 S OCEAN DRIVE  
FORT LAUDERDALE FL 33316

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.

DIRECTOR

(NOTE: Registered Agent signature required when reinstating)

08-07-00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP ☐ Change ☒ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-07-00

Date

954-767-0304

Daytime Phone #

CR2E034 (5/00)

DOC# P99 000044790

00078169

# PORTOFINO AMERICA INC.

August 2, 2000

Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Portofino America, Inc. - 2000 Uniform Business Report

Dear Sir or Madam:

Enclosed please find the 2000 Uniform Business Report for Portofino America Inc., with a check in the amount of \$ 150.00 for the filing fee. As Portofino America Inc., was not incorporated until late last year, I did not realize I would have to file an annual report for the year 2000 until the deadline had already passed.

To prevent any delay, I would appreciate if you would change the mailing address to P.O. Box 165119, Fort Lauderdale, Florida 33316.

I am sorry for any inconvenience this may have caused. Please do not hesitate to call me should you have any questions or concerns.

Very truly yours,

PORTOFINO AMERICA INC.



Peter A. Sgarlato, Director