

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000098248**

1. Entity Name
1301 DEVELOPMENT, INC.

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

04-06-2000 90039 049 ***150.00

Principal Place of Business
296 N.W. 119th Lane
Coral Springs, FL 33071

Mailing Address
296 N.W. 119th Lane
Coral Springs, FL 33071

C0053252

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0974252		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name John M. Camillo, Esq.		Name	
Street Address (P.O. Box Number Is Not Acceptable) 296 N.W. 119th Lane		Street Address (P.O. Box Number Is Not Acceptable)	
City Coral Springs, FL 33071		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John M. Camillo 296 N.W. 119th Lane Coral Springs, FL 33071	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S Perry Stamos 900 S.W. 12th Street #102 Fort Lauderdale, FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 any other like empowered.

SIGNATURE:  **Perry Stamos, President** 3/28/00 (954) 444-7416

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #