

2000 UNIFORM BUSINESS REPORT (UBR)

091400

DOCUMENT # P99000102957

Entity Name

ASPIRATIONS UNLIMITED, INC.

FILED

00 OCT -4 AM 10:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

213 SE 5TH ST
DANIA BEACH FL 33004

Mailing Address

213 SE 5TH ST
DANIA BEACH FL 33004

2. Principal Place of Business

218 S.E. 2nd Terr

3. Mailing Address

218 S.E. 2nd Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DANIA BEACH FL

City & State

DANIA BEACH FL

Zip

33004

Country

U.S.A.

Zip

33004

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SERAFINO, PASQUALE V

213 SE 5TH ST 218 S.E. 2nd Terr.
DANIA BEACH FL 33004

7. Name and Address of New Registered Agent

Name

SERAFINO, PASQUALE V

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

218 S.E. 2nd Terr.

City

DANIA BEACH

FL

Zip Code

33004

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

PASQUALE V. SERAFINO

7-11-00

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

(NOTE: Registered Agent signature required when re-registering)

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PRESIDENT
PASQUALE V. SERAFINO
218 S.E. 2nd Terr.
DANIA BEACH FL. 33004

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

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STREET ADDRESS

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

300003430213--0

-10/19/00--01089--022

***550.00 ***550.00

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

KE

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 REQUIRED

7-11-00

Date

954-610-9310

Daytime Phone #