

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107106

1. Entity Name

JOSEPH R. TERRITO AND ASSOCIATES, INC.

FILED

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90154 032 ***158.75

Principal Place of Business

Mailing Address

2030 PARK AVENUE
UNIT 169
MIAMI BEACH FL 33139

2030 PARK AVENUE
UNIT 169
MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

1399 SW 2ND ST.

1399 SW 2ND ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Boca Raton FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

33486

Country

USA

Zip

33486

Country

USA

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

EISENSMITH, JEFFREY R ESQ.
ONE FINANCIAL PLAZA, SUITE 1610
FORT LAUDERDALE FL 33394

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, 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 **D** ☒ Delete
NAME **TERRITO, JOSEPH R**
STREET ADDRESS **2030 PARK AVENUE UNIT 169**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **D, VP, S, T** ☐ Change ☒ Addition
NAME **Andino, Julio**
STREET ADDRESS **5761 SW 11th Street**
CITY-ST-ZIP **Miami, FL 33144**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D, P** ☐ Change ☒ Addition
NAME **Degrado, Ron**
STREET ADDRESS **1399 SW 2nd Street**
CITY-ST-ZIP **Boca Raton, FL 33486**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ron Degrado, President,

Date

Daytime Phone #

4-5-00
561-338-0203

CR2E034 (9/99)