

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA900001091109**

1. Entity Name

**TILT, INCORPORATED**

**FILED**

**00 OCT 22 AM 8:13**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**4833 Okeechobee Blvd.**

**same**

**Bay #103**

**West Palm Beach, FL 33417**

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

**650970846**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Joseph A. Distasio**  
**4833 Okeechobee Blvd., Bay #103**  
**West Palm Beach, FL 33417**

Name

**n/a**

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 ☐ Delete  
NAME **Director**  
STREET ADDRESS **Joseph A. Distasio**  
CITY-ST-ZIP **4833 Okeechobee Blvd., Bay 103**  
**West Palm Beach, FL 33417**

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

TITLE ☐ Delete  
NAME **Director**  
STREET ADDRESS **Dion Decesare**  
CITY-ST-ZIP **4833 Okeechobee Blvd., Bay 103**  
**West Palm Beach, FL 33417**

TITLE ☐ Change ☐ Addition  
NAME **000003420680--5**  
STREET ADDRESS **-10/10/00--01085--004**  
CITY-ST-ZIP **\*\*\*\*150.00 \*\*\*\*150.00**

TITLE ☒ Delete  
NAME **Eduardo J. Aranda**  
STREET ADDRESS **Director**  
CITY-ST-ZIP **4833 Okeechobee Blvd., Bay 103**  
**West Palm Beach, FL 33417**

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **LS**  
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 all other like empowered.

SIGNATURE:

**Dion Decesare**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-10-00**

CR2E034 (9/99)

**BAKST, BAKST & KOENIG, P.A.**  
ATTORNEYS AT LAW  
1551 Forum Place, Bldgs. 200 & 400  
West Palm Beach, Florida 33401  
(561) 640-8000  
Fax: (561) 640-6030

2002

DANIEL L. BAKST  
MICHAEL R. BAKST  
ALAN R. CRANE  
JOHN M. KOENIG, JR.  
JOSEPH R. MIELE, JR.

MAILING ADDRESS:  
POST OFFICE DRAWER 3948  
WEST PALM BEACH, FL 33402-3948

September 27, 2000

Leslie Sellers  
Document Specialist  
Florida Department of State  
Division of Corporation  
P. O. Box 6327  
Tallahassee, FL 32314

RE: Tilt, Incorporated  
Ref. Number: P99000109169

Dear Ms. Seller:

I am writing you, and returning to you, my client's check in the amount of \$150.00, along with the original 2000 Uniform Business Report in regards to Tilt, Inc. As indicated on the report, my client never received the first preprinted form from the Division of Corporations and, accordingly, your office has informed me that the \$400.00 late fee should be waived. Please see to it that the \$400.00 fee is waived and process my client's report. If you have any questions, please do not hesitate to contact me.

Very truly yours,

  
JOHN M. KOENIG, JR.

JMK:kb