

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90172 049 ***150.00

DOCUMENT # P99000110374
1. Entity Name Promuto Management, Inc.

DO NOT WRITE IN THIS SPACE

11009652

2. Principal Place of Business 2800 Yacht Club Blvd Suite, Apt. #, etc. N2	3. Mailing Address 2800 Yacht Club Blvd Suite, Apt. #, etc. N2
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City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale, FL	4. FEI Number 65-0972924	Applied For Not Applicable
Zip 33304	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name
Bernard Singer
Street Address (P.O. Box Number is Not Acceptable)
4925 Sheridan Street
Suite A
City
Hollywood FL Zip Code
33021

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE President	TITLE
NAME Vincent Promuto	NAME
STREET ADDRESS 2800 Yacht Club Blvd	STREET ADDRESS
CITY - ST - ZIP Ft. Lauderdale, FL 33304	CITY - ST - ZIP
TITLE Secretary/Treasurer	TITLE
NAME Alexis Promuto	NAME
STREET ADDRESS 2800 Yacht Club Blvd	STREET ADDRESS
CITY - ST - ZIP Ft. Lauderdale, FL 33304	CITY - ST - ZIP
TITLE	TITLE
NAME	NAME
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #