

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S05249

1. Entity Name

CAPEZZUTTI, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90195 023 ***150.00

Principal Place of Business

7500 W. COMMERCIAL BLVD.
LAUDERHILL FL 33319

Mailing Address

7500 W. COMMERCIAL BLVD.
LAUDERHILL FL 33319-2132

C0004528



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7500 W. Comm Blvd

3. Mailing Address

866 NW 81 Terrace

Suite, Apt. #, etc.

L

Suite, Apt. #, etc.

City & State

LAUDERHILL FL

City & State

Plantation, FL

Zip

33319

Country

USA

Zip

33324

Country

USA

4. FEI Number

65-0520532

Applied For

Not Applicable

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

ROBACK, SYBELE C
866 NW 81ST TERRACE
PLANTATION FL 33324

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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME CAPEZZUTTI, SYBELE
STREET ADDRESS 866 NW 81 TERRACE
CITY-ST-ZIP PLANTATION FL 33324

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP
NAME ROBACK, MICHAEL D
STREET ADDRESS 866 NW 81 TERRACE
CITY-ST-ZIP PLANTATION FL 33324

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/10/2000 (954) 7464007

CR2E034 (9/99)