

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

124

FILED

04 JAN 20 PM 3:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # S21445

1. Entity Name
TERMINELLO & TERMINELLO, P.A.



Principal Place of Business
2700 S.W. 37 AVENUE
MIAMI, FL 33133-2728

Mailing Address
2700 S.W. 37 AVENUE
MIAMI, FL 33133-2728

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01212004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0235814

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TERMINELLO, LOUIS J., ESQ.
2700 SW 37TH AVE.
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name

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

000027491410

01/23/04--01016--016 **150.00

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. 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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
TERMINELLO, LOUIS J.
2700 SW 37TH AVE
MIAMI, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
TERMINELLO, NANCY
2700 SW 37TH AVE.
MIAMI, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

see attached
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2064

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Business Entity Name

TERMINELLO & TERMINELLO, P.A.

FEI Number

650235814

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No \$8.75 each**Principal Place of Business**

Address

2700 S.W. 37 AVENUE

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code & Country

331332728

Mailing Address

Address

2700 S.W. 37 AVENUE

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code & Country

331332728

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

-or- RA Business Name

TERMINELLO, LOUIS J., ESQ.

Address

2700 SW 37TH AVE.

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code & Country

33133

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name.

If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

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Business Entity Name

TERMINELLO & TERMINELLO, P.A.Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No**Officer/Director Name And Address**

Title PTD
Name (Last, First, Middle, Title) _____
-or- Entity Name TERMINELLO, LOUIS J.
Street Address 2700 SW 37TH AVE
City, State MIAMI, FL
Zip Code & Country _____

Title VSD
Name (Last, First, Middle, Title) _____
-or- Entity Name TERMINELLO, NANCY
Street Address 2700 SW 37TH AVE..
City, State MIAMI, FL
Zip Code & Country _____

Title _____
Name (Last, First, Middle, Title) _____
-or- Entity Name _____
Street Address _____
City, State _____
Zip Code & Country _____

Title _____
Name (Last, First, Middle, Title) _____
-or- Entity Name _____

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Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

- ☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title
Officer/Director Signature

Continue

Reset

Start Over

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