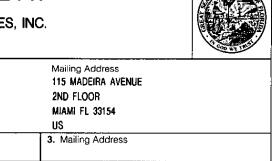
"2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

S22447

1. Entity Name

DENUNZIO & BASS INCENTIVES, INC.





						NO WE IN						
Principal Place of Business 115 MADEIRA AVENUE 2ND FLOOR MIAMI FL 33154 US 2. Principal Place of Business			115 M 2ND Miam US	Mailing Address 115 MADEIRA AVENUE 2ND FLOOR MIAMI FL 33154 US 3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES .				
City & State				City & State				A FELALIMANA			<u>'</u>	
				011) 0 01010				65-0241992			ot Applicable	
Zip Country			Zip		Coun	Country		Certificate of Status Desired		8.75 Addee Require		
	6Name e	nd Address of Currer	nt Register	d Agent			7.	Name and Address of New Regi	stered A	jent-		
						Name		,				
DENUNZIO, ART, JR.				Street Addro			ss (P.O.	(P.O. Box Number is Not Acceptable)				
20161 N.E. 16TH PLACE												
NORTH MIAMI BEACH FL 33179												
						City			FL	Zip Code	е	
O The above			fa - 16				1-4	and a character to the Oaste of Fig. 1.1		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
	tions of register		ior the purp	oose or changing its	registeri	ea omice or regi	istered a	gent, or both, in the State of Florida	a. Tam fai	niiar with,	and accept	
SIGNATURE .												
	Signature, typed or	printed name of registered age	nt and title if app	olicable. (NOTE	: Registere	d Agent signature red	quired when	reinstating)	DATE			
Afte	r May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 Florida Department						Election Campaign Finance Trust Fund Contribution.	ing 🗌		0 May Be I to Fees	
10.		OFFICERS AN		I BS	11.		A		RS AND F	DIRECTORS	S IN 11	
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CITY-ST-ZIP	N. MIAMI BE	EACH FL			-	-ST-ZIP						
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	20161 NE 1				4	ET ADDRESS						
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12. Thereby o	certify that the i	ntormation supplied wit	th this filing	does not qualify for	the exer	notion stated in	Section	119 07(3)(i) Florida Statutes I furt	her certify	that the ir	formation	

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: