

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90372 043 ***150.00

DOCUMENT # S86804

1. Entity Name
DAMASCUS INDUSTRIES, INC.

Principal Place of Business

**2915 SO CONGRESS AVE
STE H
DELRAY BCH FL 33445
US**

Mailing Address

**2915 SO CONGRESS AVE
STE H
DELRAY BCH FL 33445
US**

2. Principal Place of Business

2855 S. Congress Ave.

Suite, Apt. #, etc.
Suite A

City & State
Delray Beach, FL

Zip

33445

Country

Palm Beach

3. Mailing Address

2855 S. Congress Ave.

Suite, Apt. #, etc.
Suite A

City & State
Delray Beach, FL

Zip

33445

Country

Palm Beach



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0341910**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CRACCHIOLO, JOHN
2915 SO CONGRESS AVE
STE H
DELRAY BEACH FL 33445**

7. Name and Address of New Registered Agent

Name

John Cracchiolo

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

2855 S. Congress Ave., Suite A

City

Delray Beach

FL

Zip Code

33445

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]

John E. Cracchiolo

4-24-01

(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, 2001 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

TITLE **P** ☐ Delete
NAME **CRACCHIOLO, JOHN E.**
STREET ADDRESS **2915 SO CONGRESS AVE, STE H**
CITY-ST-ZIP **DELRAY BCH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ Addition
NAME
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.

561-243-9800

SIGNATURE:

[Signature]

John E. Cracchiolo 4-24-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)