

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

**FILED**  
**Mar 19, 2002 8:00 am**  
**Secretary of State**

03-19-2002 90017 011 \*\*\*150.00

<b>DOCUMENT #</b> <u>101351</u>
<b>1. Entity Name</b> D.K.T TERUZZI CORPORATION

**DO NOT WRITE IN THIS SPACE**

**425646**

<b>2. Principal Place of Business</b> 7659 HEATHFIELD COURT Suite, Apt. #, etc. C/O MARNA DENTON City & State UNIVERSITY PARK, FL Zip 34201 Country USA	<b>3. Mailing Address</b> SAME Suite, Apt. #, etc. City & State City & State Zip Country
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DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 65-0306126	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>	
	Name ROBERT M. ARLEN	
	Street Address (P.O. Box Number is Not Acceptable) 1501 CORPORATE DRIVE	
	SUITE 200	
	City BOYNTON BEACH, FL	Zip Code 33426

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) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	DPT MARNA DENTON 7659 HEATHFIELD COURT UNIVERSITY PARK, FL 34201	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	DS GEORGE DENTON 7659 HEATHFIELD COURT UNIVERSITY PARK, FL 34201	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	DV KIMBERLY MACMILLAN 129 E. 82ND STREET, #5A NEW YORK, NY 10028-0836	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	DS ROBERT M. ARLEN 1501 CORPORATE DRIVE BOYNTON BEACH, FL 33426	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>TITLE</b> 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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** MARNA T. DENTON MARNA T. DENTON 3/5/02 (941) 351-3702  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)