

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90490 048 ***150.00

DOCUMENT # V02897

1. Entity Name

JOHN V. MARINELLI, ESQUIRE CHARTERED

Principal Place of Business

Mailing Address

2201 NE 52 STREET
 SUITE 10
 LIGHTHOUSE POINT FL 33064
 US

2201 NE 52 STREET
 SUITE 10
 LIGHTHOUSE POINT FL 33064-6563
 US

2. Principal Place of Business

3. Mailing Address

4701 NORTH FEDERAL HIGHWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 320

City & State

City & State

LIGHTHOUSE POINT, FL

Zip

Country

Zip

Country

33064 U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

MARINELLI, JOHN V.

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

4701 NORTH FEDERAL HIGHWAY

SUITE 320

City **LIGHTHOUSE POINT FL**

Zip Code

33064

MARINELLI, JOHN V
2201 NE 52 STREET
LIGHTHOUSE POINT FL 33064

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

John V. Marinelli, JOHN V. MARINELLI

April 24, 2000

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. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARINELLI, JOHN V. 2201 NE 52ND ST #10 LIGHTHOUSE POINT FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHN V. MARINELLI 4701 NORTH FEDERAL HIGHWAY SUITE 320 LIGHTHOUSE POINT, FL 33064 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NANCY J MARINELLI 2201 NE 52ND ST #10 LIGHTHOUSE POINT FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NANCY J. MARINELLI 4701 NORTH FEDERAL HIGHWAY SUITE 320 LIGHTHOUSE POINT, FL 33064 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 #

John V. Marinelli, JOHN V. MARINELLI, PRES
April 24, 2000 (954) 942 7707

CR2E034 (9/99)