

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V25110

1. Entity Name

INSURANCE AGENCY OF POMPAÑO, INC.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90053 021 ***150.00

Principal Place of Business

Mailing Address

2404 N FEDERAL
LIGHTHOUSE POINT FL 33064
US

2404 N FEDERAL
LIGHTHOUSE POINT FL 33064-6854
US

00010000

2. Principal Place of Business

3. Mailing Address

1817 NE 24th St.

1817 NE 24th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lighthouse Point, FL.

Lighthouse Point, FL.

Zip

Country

Zip

Country

33064

Broward

33064

Broward

4. FEI Number

65-0325626

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PECORELLA, BARBARA
2490 N. FEDERAL HIGHWAY
LIGHTHOUSE POINT FL 33064

Name

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

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.

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) ☐

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	V	<input type="checkbox"/> Delete
NAME	PECORELLA, VINCENT	
STREET ADDRESS	2105 SW 35 AVE.	
CITY-ST-ZIP	DELRAY AVE. 33	
TITLE	P	<input type="checkbox"/> Delete
NAME	PECORELLA, BARBARA	
STREET ADDRESS	2105 SW 35TH AVE.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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.

SIGNATURE:

Vincent Pecorella

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/00

954 523-7283