

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90059 012 ***150.00

DOCUMENT # V43850

1. Entity Name

ALBERT A.A. CARTENUTO, III, P.A.

Principal Place of Business

15994 SW 110 ST
 STE 100
 MIAMI FL 33196-3340
 US

Mailing Address

15994 SW 110 ST
 STE 100
 MIAMI FL 33196-3340
 US

2. Principal Place of Business

9100 S. DADELAND BLVD

3. Mailing Address

9100 S. DADELAND BLVD

Suite, Apt. #, etc.

SUITE 404

Suite, Apt. #, etc.

SUITE 404

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33156

Country

US

Zip

33156

Country

US

4. FEI Number

65-0345699

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

CARTENUTO, ALBERT A.A., III
15994 SW 110 ST
SUITE 100
MIAMI FL 33196

Name

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

9100 S. DADELAND BLVD, SUITE 404

SUITE 404

City

MIAMI

FL

Zip Code

33156

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **CARTENUTO, ALBERT A.A.**
 STREET ADDRESS **15994 SW 110 ST**
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☒ Change ☐ Addition
 NAME **9100 S. DADELAND BLVD, SUITE 404**
 STREET ADDRESS **MIAMI, FL 33156**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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.

SIGNATURE:

ALBERT A.A. CARTENUTO III
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Daytime Phone #

7887

CR2E034 (10/00)