2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State
05-04-2000 90152 030 ***158.75

DOCUMENT # V44190

1. Entity Name

MATTALIANO CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
1128 ROYAL PALM BEACH SUITE 269 ROYAL PALM BEACH FL 33411 US	1128 ROYAL PALM BEACH SUITE 269 ROYAL PALM BEACH FL 33411-1607 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12230 Forest Hill Blvd.	12230 Forest Hill Blvd
Suite, Apt. #, etc.: Suite 110-R	Suite, Apt. #, etc.: Suite 110-R
City & State: Wellington Florida	City & State: Wellington Florida
Zip: 33414 Country: USA	Zip: 33414 Country: USA

4. FEI Number 65-0619121 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MATTALIANO, DEBBIE
905 CLYDESDALE DRIVE
LOXAHATCHEE FL 33470

7. Name and Address of New Registered Agent

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	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MATTALIANO, DEBRA A.		NAME		
STREET ADDRESS	1128 ROYAL PALM BEACH BLVD		STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BCH FL 33411		CITY-ST-ZIP		
TITLE	VST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MATTALIANO, PAUL D.		NAME		
STREET ADDRESS	1128 ROYAL PALM BEACH		STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BCH FL 33411		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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: Debra A. Mattaliano — 1/28/2000 — 561-790-7153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #