FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 19, 2001 8:00 am DOCUMENT # V60956 **Secretary of State** 1. Entity Name NEW UNDERMOUNT INVESTMENTS, INC. 03-19-2001 90482 005 \*\*\*150.00 Principal Place of Business Mailing Address % NICHOLAS J. CUTAIA % NICHOLAS J. CUTAIA VENERUUA 2217 N.E. 7TH STREET 2217 N.E. 7TH STREET HALLANDALE FL 33009 HALLANDALE FL 33009 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0426478 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEBIANCHI, VICTOR P., JR. Street Address (P.O. Box Number is Not Acceptable) % VICTOR P. DEBIANCHI, JR., P.A. 2450 HOLLYWOOD BLVD. HOLLYWOOD FL 33020 Zip Code City 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 it applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Change ☐ Addition TITLE ☐ Delete TITLE CUTAIA, LEONORA A. NAME NAME STREET ADDRESS 3132 LAKESHORE ROAD STREET ADDRESS CITY-ST-ZIP **BURLINGTON, ONT, CANAD L7N1A** CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change CUTAIA, RICHARD A NAME NAME STREET ADDRESS STREET ADDRESS 3121 LAKESHORE RD. CITY-ST-ZIP CITY-ST-ZIP BURLINGTON, ONT. CA L7N1A Addition TITLE TITLE ☐ Delete ☐ Change CUTAIA, NICHOLAS J NAME NAME 3132 LAKESHORE RD. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-78 BURLINGTON, ONT CA LZN1A Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREFT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. It 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 DIRECTO

March 3/01

Daytime Phone #