

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90467 015 ***150.00

DOCUMENT # V67692

1. Entity Name

E.T.P., INC.

DO NOT WRITE IN THIS SPACE

B0068636

2. Principal Place of Business

3500 BAYVIEW DRIVE

Suite, Apt. #, etc.

3. Mailing Address

3500 BAYVIEW DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FT. LAUDERDALE FL

City & State
FT. LAUDERDALE

4. FEI Number
65-0369983

Applied For
Not Applicable

Zip
33308

Country

Zip
33308

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ALBERTO DIBELLA

Street Address (P.O. Box Number is Not Acceptable)
3500 BAYVIEW DRIVE

City FT. LAUDERDALE **FL** **Zip Code** 33308

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

ALBERTO DIBELLA 3/25/02

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE PD
NAME ALBERTO DIBELLA
STREET ADDRESS 3500 BAYVIEW DRIVE
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Alberto D. Bella, PD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERTO DIBELLA

3/25/02 954-958-9968

Date

Daytime Phone #

CR2E034B (12/01)