## 2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000045971

Entity Name: CONTI SERVICES, INC.

**Current Principal Place of Business:** 

18911 NW 10 STREET

PEMBROKE PINES. FL 33029

Jan 23, 2020 **Secretary of State** 0273259958CC

Date

**FILED** 

## **Current Mailing Address:**

18911 NW 10 STREET

PEMBROKE PINES. FL 33029

FEI Number: 81-0657835 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CONTI, PAUL A 18911 NW 10 STREET PEMBROKE PINES, FL 33029 US

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: PAUL CONTI 01/23/2020

Electronic Signature of Registered Agent

Officer/Director Detail:

Title Title **PRESIDENT** 

CONTI, GARY A Name CONTI, PAUL A Name

18911 NW 10 STREET 7330 GRANDA BLVD Address Address

City-State-Zip: MIRAMAR FL 33023 PEMBROKE PINES FL 33029 City-State-Zip:

Title DIRECTOR Title D

Name FARINA, DIEGO R CONTI, NINA M Name Address 2627 HARDING ST Address 18911 NW 10 STREET

HOLLYWOOD FL 33020 City-State-Zip: City-State-Zip: PEMBROKE PINES FL 33029

Title DIRECTOR Title **DIRECTOR** 

Name RANDALL, CHRISTOPHER A KENNY, MATTHEW M Name

Address 4170 SW 56 TERRACE **7528 HAYES STREET** Address

City-State-Zip: DAVIE FL 33314 City-State-Zip: HOLLYWOOD FL 33024

Title **OFFICER** 

MOUNTJOY, JEFF JASON Name

8035 SW 21 CT Address City-State-Zip: DAVIE FL 33324

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

01/23/2020 SIGNATURE: PAUL CONTI **PRESIDENT**