

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2002 8:00 am
Secretary of State

02-08-2002 90004 039 ***150.00

DOCUMENT # F79516

1. Entity Name
B.V. MAZZEO & CO. CPAS, P.A.

Principal Place of Business

**8900 SW 117TH AVENUE
 SUITE B-104
 MIAMI FL 33186
 US**

Mailing Address

**8900 S.W. 117TH AVE.
 SUITE 104B
 MIAMI FL 33186
 US**

2. Principal Place of Business

13501 SW 128 ST.

3. Mailing Address

13501 SW 128 ST.

Suite, Apt. #, etc.

Ste # 103

Suite, Apt. #, etc.

Ste. # 103

City & State

Miami, FL

City & State

Miami, FL

Zip

33186

Country

USA

Zip

33186

Country

USA

4. FEI Number

59-2180432

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MAZZEO, THOMAS H
 8900 S.W. 117TH AVE.
 SUITE B-104
 MIAMI FL 33186**

7. Name and Address of New Registered Agent

Name **MAZZEO, THOMAS H.**
 Street Address (P.O. Box Number is Not Acceptable) **13501 SW 128 ST. #103**
 City **Miami** FL **33186**

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 **THOMAS H. MAZZEO**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/02

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, 2002 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

TITLE **D** ☐ Delete
 NAME **MAZZEO, BERNARD V**
 STREET ADDRESS **8900 SW 117 AV, S 104B**
 CITY-ST-ZIP **MIAMI FL**

TITLE **PST** ☐ Delete
 NAME **MAZZEO, THOMAS H**
 STREET ADDRESS **8900 SW 117 AVENUE STE B-104**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **MAZZEO, BERNARD V.**
 STREET ADDRESS **13501 SW 128 ST. #103**
 CITY-ST-ZIP **Miami, FL 33186**

TITLE **PST** ☒ Change ☐ Addition
 NAME **MAZZEO, THOMAS H.**
 STREET ADDRESS **13501 SW 128 ST. #103**
 CITY-ST-ZIP **Miami, FL 33186**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**THOMAS H. MAZZEO
 PRESIDENT**

Date

1/22/02 305-971-5887

Daytime Phone #

CR2E034 (9/01)