

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90139 017 ***150.00

DOCUMENT # J52744

1. Entity Name
1613 CORP.



Principal Place of Business
**11780 US HIGHWAY ONE, STE 300
NORTH PALM BEACH FL 33408**

Mailing Address
**11780 US HIGHWAY ONE, STE 300
NORTH PALM BEACH FL 33408**

2. Principal Place of Business
4100 RCA Boulevard
Suite, Apt. #, etc.

3. Mailing Address
4100 RCA Boulevard
Suite, Apt. #, etc.

City & State
Palm Beach Gardens, FL

City & State
Palm Beach Gardens, FL

4. FEI Number **65-0075681**

Applied For
Not Applicable

Zip Country
33410 Palm Beach

Zip Country
33410 Palm Beach

5. Certificate of Status Desired ☐ **\$8-75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FHS CORPORATE SERVICES, INC.
11780 U.S. HIGHWAY ONE, SUITE 300
NORTH PALM BEACH FL 33408**

7. Name and Address of New Registered Agent

Name
Joseph M. Fleming, Esquire
Street Address (P.O. Box Number is Not Acceptable)
c/o Watterson & Hyland, 4100 RCA Blvd.
City
Palm Beach Gardens, FL Zip Code
33410

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

1-10-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SECCO, SERGIO 1612 SE 7TH CT DEERFIELD BEACH FL 33441	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHIAVON, ANNAMARIE 1612 SE 7TH CT DEERFIELD BEACH FL 33441	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FLEMING, JOSEPH M 440 ROYAL PALM WAY., STE 100 PALM BEACH FL 33480	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SECCO, LUIGI 1612 SE 7TH CT DEERFIELD BCH FL 33441	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SECCO, SILVIA 1612 SE 7TH CT, DEERFIELD BCH FL 33441	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 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

3/10/03

Date

561-627-5000

Daytime Phone #

CR2E034 (10/02)