

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Oct 02, 2002 8:00 am
Secretary of State

09-16-2002 90105 029 ***550.00

DOCUMENT # P01000032958

1. Entity Name
U PLAN FINANCIAL CORPORATION

Principal Place of Business
**6221 VIA VENETIA NORTH
 DELRAY BEACH FL 33484**

Mailing Address
**6221 VIA VENETIA NORTH
 DELRAY BEACH FL 33484**

2. Principal Place of Business

6221 Via Venetia N
 Suite, Apt. #, etc.

3. Mailing Address

same as Principal
 Suite, Apt. #, etc.

City & State

DeLray Beach FL

City & State

same as Principal

Zip

33484

Country

FL

Zip

33484

Country

FL

4. FEI Number

651139526

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

8. Name and Address of Current Registered Agent

**VACCARELLA, FRANCESCO
 6221 VIA VENETIA NORTH
 DELRAY BEACH FL 33484**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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**
 NAME **VACCARELLA, FRANCESCO**
 STREET ADDRESS **6221 VIA VENETIA NORTH**
 CITY-ST-ZIP **DELRAY BEACH FL 33484**

☐ Delete

TITLE
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 STREET ADDRESS
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

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CR2E034 (4/02)

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 lines empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept 11 02 561 865 0415

Date

Daytime Phone #