

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90140 009 ***150.00

DOCUMENT # P98000100400

1. Entity Name
NICHOLAS SOLIMINE, JR., P.A.

Principal Place of Business
4700 NW BOCA RATON BLVD
STE 303
BOCA RATON FL 33431

Mailing Address
22932 IRON WEDGE DR
BOCA RATON FL 33433
US



2. Principal Place of Business
4730 NW BOCA RATON BLVD

3. Mailing Address

Suite, Apt. #, etc.
Suite 100

Suite, Apt. #, etc.

City & State
BOCA RATON, FL

City & State

4. FEI Number **65-0901138**

Applied For
Not Applicable

Zip
33431

Country
FLORIDA BEACH

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA REGISTERED AGENTS INC.
1940 HARRISON ST. #203
HOLLYWOOD FL 33020

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.

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D SOLIMINE, NICHOLAS JR. ☐ Delete
22932 IRONWEDGE DR.
BOCA RATON FL 33433

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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, who am otherwise empowered.

SIGNATURE:

[Signature]
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/02 561-239-9633

CR2E034 (9/01)