2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90363 011 ***150.00

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1. Entity Name

~~GIUSEPPE VICARI, P.A.~~
JOSEPH VICARI, P.A.

Principal Place of Business	Mailing Address
5520 ROCKWOOD AVE	5520 ROCKWOOD AVE
ORlANdo, FL 32839	ORLANdo, FL 32839

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc	Suite, Apt #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3615741 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WOOD, Theodore P.
~~5520 ROCKWOOD AVE~~
ORlANdo, FL 32839

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

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

TITLE D
NAME GIUSEPPE VICARI
STREET ADDRESS 5520 ROCKWOOD AVE
CITY-ST-ZIP ORlAndo, FL 32839
☐ Delete

(Five further blank officer/director blocks: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, ☐ Delete)

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

(Six blank blocks: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, ☐ Change ☐ Addition)

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: Giuseppe Vicari GIUSEPPE VICARI (D) 4-20-02 954-971-7836

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE