

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

0367092 AV

04-02-2002 90090 004 \*\*\*150.00

**DOCUMENT # 285196**  
 1. Entity Name  
**2460 CORPORATION**

Principal Place of Business  
**2460 SOUTH FEDERAL HIGHWAY**  
**BOYNTON BEACH FL 33435**

Mailing Address  
~~C/O ASSN MGMT GROUP~~  
~~7187 THOMPSON RD~~  
~~BOYNTON BEACH FL 33426~~

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**2460 S. FEDERAL HWY**  
 Suite, Apt. #, etc.

City & State  
**BOYNTON BEACH, FL**

Zip  
**33435**  
 Country

4. FEI Number **59-1387070**  
 Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**BENCIVENGA, MARYLOU**  
**2460 S FED HWY**  
**APT 1**  
**BOYNTON BEACH FL 33435**

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>O'DONNELL, JAMES</b> <b>2460 S. FEDERAL HWY., #17</b> <b>BOYNTON BCH FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>TACELLI, RICHARD</b> <b>2460 S. FEDERAL HWY., #20</b> <b>BOYNTON BCH FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KORNMEYER, HAROLD</b> <b>2460 S FED HWY #6</b> <b>BOYNTON BEACH FL 33435</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>CARCHIOI, SAM</b> <b>2460 S. FEDERAL HWY., #12A</b> <b>BOYNTON BEACH FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MURRAY, ROBERT</b> <b>2460 S FED HWY #3</b> <b>BOYNTON BEACH FL 33435</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BENCIVENGA, MARYLOU</b> <b>5466 S FEDERAL HWY #1</b> <b>BOYNTON BCH FL 33435</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Marylou Bencivenga* **3/21/02** **561-374-8926**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)