

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90002 021 \*\*\*150.00

**DOCUMENT # 301368**

1. Entity Name  
**MEDALLION SPORTS OF RIVIERA BEACH INC**

Principal Place of Business  
**2311 BROADWAY**  
**RIVIERA BEACH FL 33404**

Mailing Address  
**2311 BROADWAY**  
**RIVIERA BEACH FL 33404**



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 **59-1031543**

Applied For  
 Not Applicable

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

**LICATA, SALVATORE**  
**15314 74TH AVE.**  
**PALM BEACH GARDENS FL 33418**

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 NAME	<b>V</b> <b>LICATA, PATRICK</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>15314 74TH AVE., N.</b>	
CITY-ST-ZIP	<b>PALM BCH GDNS FL</b>	
TITLE NAME	<b>TD</b> <b>LICATA, RITA B</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>15314 74TH AVE., N.</b>	
CITY-ST-ZIP	<b>PALM BCH GDNS FL</b>	
TITLE NAME	<b>D</b> <b>LICATA, SALVATORE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>15314 74TH AVE., N.</b>	
CITY-ST-ZIP	<b>PALM BCH GDNS FL</b>	
TITLE NAME	<b>PD</b> <b>LICATA, VINCENT</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>15314 74TH AVE. N.</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	
TITLE NAME	<b>V</b> <b>LICATA, DAVID</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>15394 74TH AVE. N.</b>	
CITY-ST-ZIP	<b>PALM BCH GARDENS FL</b>	
TITLE NAME	<b>V</b> <b>LICATA, KEVIN</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>15356 74TH AVENUE NORTH</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
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TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: **Rita B. Licata**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/17/02** **561 848-7977**  
 Date Daytime Phone

CR2E034 (9/01)