

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90165 040 \*\*\*150.00

DOCUMENT # 363925

1. Entity Name  
CARLUCCI REAL ESTATE INC



Principal Place of Business  
1401 N RIVERSIDE DRIVE  
STE 1503  
POMPANO BEACH FL 33062

Mailing Address  
1401 N RIVERSIDE DRIVE  
STE 1503  
POMPANO BEACH FL 33062  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-1292874

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

CARLUCCI, AGNES  
1991 95 STREET  
VERO BEACH FL 32963

Name Agnes Carlucci  
Street Address (P.O. Box Number is Not Acceptable) 1401 N Riverside Dr. Apt. 1503  
City Pompano Beach FL Zip Code 33062

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 Agnes Carlucci  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb 19, 2003

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TD	<input type="checkbox"/> Delete
NAME	CARLUCCI, JOSEPH	
STREET ADDRESS	1991 95 ST	
CITY-ST-ZIP	VERO BCH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CARLUCCI, AGNES	
STREET ADDRESS	1991 95 ST	
CITY-ST-ZIP	VERO BCH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BERKELL, GERALD	
STREET ADDRESS	16100 NE 16TH AVENUE	
CITY-ST-ZIP	N. MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	JOSEPH CARLUCCI	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH CARLUCCI	
STREET ADDRESS	1401 N RIVERSIDE DRIVE	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	AGNES CARLUCCI	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGNES CARLUCCI	
STREET ADDRESS	1401 N RIVERSIDE DRIVE	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	BERKELL GERALD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERKELL GERALD	
STREET ADDRESS	1463 SW 156 WAY	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Agnes Carlucci SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/03 954-943-8927  
Date Daytime Phone #

CR2E034 (10/02)