

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 392721

1. Entity Name

PIECO, INC.

FILED

May 23, 2000 8:00 am  
Secretary of State

05-23-2000 90214 034 \*\*\*150.00

Principal Place of Business

Mailing Address

8105 WEST 20TH AVENUE  
P.O. BOX 4930  
HIALEAH, FL 33014-3231

30 HARVARD MILL SQUARE  
WAKEFIELD MA 01880-3208  
US

2. Principal Place of Business

3740 Executive Way  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miramar, FL

City & State

Zip

33025

Country

Country

4. FEI Number

59-1379427

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

WYNNE, W. F.  
8105 W. 20TH AVENUE  
HIALEAH FL 33014

Name

Joseph R. Vidal  
Street Address (P.O. Box Number is Not Acceptable)

3740 Executive Way

City

Miramar

FL

Zip Code

33025

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, 2000 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	D	<input checked="" type="checkbox"/> Delete
NAME	VITTANDS, JEKABS	
STREET ADDRESS	189 HES PERUS AVE	
CITY-ST-ZIP	MAGNOLIA MA	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	MACNABB, ANDREA M	
STREET ADDRESS	18 MAYFAIR RD	
CITY-ST-ZIP	BEDHAM MA 02026	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	BRUNAS, ALAIN	
STREET ADDRESS	30 HARVARD MILL SQUARE	
CITY-ST-ZIP	WAKEFIELD MA	
TITLE	VPAS	<input checked="" type="checkbox"/> Delete
NAME	MOYNIHAN, PHILIP	
STREET ADDRESS	30 SEVINOR RD	
CITY-ST-ZIP	MARBLEHEAD MA 01945	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, RICHARD B	
STREET ADDRESS	8105 WEST 20TH AVENUE	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph Bolton	
STREET ADDRESS	9 South point lane	
CITY-ST-ZIP	Ipswich, MA 01938	
TITLE	S, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Neil L. Kane	
STREET ADDRESS	110 East 84th St.	
CITY-ST-ZIP	NYC, NY 10029	
TITLE	T, D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph R. Vidal	
STREET ADDRESS	3 Kensington Street	
CITY-ST-ZIP	Andover, MA 01810	
TITLE	VP, AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Francis X. Ferrara	
STREET ADDRESS	15 Great Pond Drive	
CITY-ST-ZIP	Boxford, MA 01921	
TITLE	VP, AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin P. Duffy	
STREET ADDRESS	32 Paddock Lane	
CITY-ST-ZIP	No. Andover, MA 01845	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

(781) 246-5200

Date

Daytime Phone #

CR/E034 (9/99)