

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

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

**DOCUMENT # 392721**

1. Entity Name  
**PIECO, INC.**

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

3. Mailing Address

**3740 Executive Way**

Suite, Apt. #, etc.

City & State

**Miramar, FL**

City & State

4. FEI Number **59-1379427**

Applied For

Not Applicable

Zip

Country

Zip

Country

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	VITTANDS, JEKABS	189 HES PERUS AVE	MAGNOLIA MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPT	MACNABB, ANDREA M	18 MAYFAIR RD	BEDHAM MA 02026	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VT	BRUNAIS, ALAIN	30 HARVARD MILL SQUARE	WAKEFIELD MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPAS	MOYNIHAN, PHILIP	30 SEVINOR RD	MARBLEHEAD MA 01945	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	LEWIS, RICHARD B	8105 WEST 20TH AVENUE	HIALEAH FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P, D	Joseph Bolton	9 Southpoint Lane	Ipswich, MA 01938	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S, D	Neil L. Lane	110 East 84th St.	NYC, NY 10029	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T, D	Joseph R. Vidal	3 Kensington Street	Andover, MA 01810	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP, AS	Francis X. Ferrara	15 Great Pond Drive	Boxford, MA 01921	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP, AS	Kevin P. Duffy	32 Paddock Lane	No. Andover, MA 01845	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

**Joseph R. Vidal**

4/28/00

(781) 246-5200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR/E034 (9/99)