

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 609563

1. Entity Name

A AND V DEVELOPMENT CORP.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90088 029 \*\*\*150.00

Principal Place of Business

Mailing Address

7400 N FEDERAL HIGHWAY  
STE B6  
BOCA RATON FL 33487  
US

7400 N FEDERAL HIGHWAY  
STE B6  
BOCA RATON FL 33487-1677  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1912881

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

LOFFREDO, ANTHONY V.  
7400 N FEDERAL HIGHWAY  
STE B6  
BOCA RATON FL 33487

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, 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 P  
NAME LOFFREDO, ANTHONY V.  
STREET ADDRESS 7400 N FEDERAL HIGHWAY, SUITE B-6  
CITY-ST-ZIP BOCA RATON FL 33487

☐ Delete

TITLE ST  
NAME LOFFREDO, CAROLINE E  
STREET ADDRESS 7400 N FEDERAL HIGHWAY, SUITE B-6  
CITY-ST-ZIP BOCA RATON FL 33487

☐ Delete

TITLE VP  
NAME LOFFREDO, V. ANTHONY  
STREET ADDRESS 7851 AMBLESIDE WAY  
CITY-ST-ZIP LAKE WORTH FL 33467

☐ Delete

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-989-9840

CR2E034 (9/99)