

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 609563**

1. Entity Name

A AND V DEVELOPMENT CORP.**FILED**
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90115 034 ***150.00

Principal Place of Business

**7400 N FEDERAL HIGHWAY
STE B6
BOCA RATON FL 33487
US**

Mailing Address

**7400 N FEDERAL HIGHWAY
STE B6
BOCA RATON FL 33487
US**

A0000010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1912881**

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

**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, 2001 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	<input type="checkbox"/> Delete
P	LOFFREDO, ANTHONY V.	7400 N FEDERAL HIGHWAY, SUITE B-6	BOCA RATON FL 33487	<input type="checkbox"/>
ST	LOFFREDO, CAROLINE E	7400 N FEDERAL HIGHWAY, SUITE B-6	BOCA RATON FL 33487	<input type="checkbox"/>
VP	LOFFREDO, V. ANTHONY	7851 AMBLESIDE WAY	LAKE WORTH FL 33467	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY V. LOFFREDO

Date

1/12/01

Daytime Phone #

561-989-9840

CR2E034 (10/00)