

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90108 035 ****61.25

DOCUMENT # 759198

1. Entity Name

**HIGH POINT WEST NO. 1 APPLIANCE SERVICE ASSOCIAT
 ION, INC.**

Principal Place of Business

**5230 LAKE FRONT BLVD
 DELRAY BEACH FL 33484**

Mailing Address

**5230 LAKE FRONT BLVD
 DELRAY BEACH FL 33484**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2110249

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SNYDER, FRANK
 53250 LAKEFRONT BLVD
 DELRAY BEACH FL FL 33484**

7. Name and Address of New Registered Agent

Name: Alfred Tricoli
Street Address (P.O. Box Number is Not Acceptable): 14324 Canalview Drive
City: Delray Beach FL Zip Code: 33484

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

Alfred C. Tricoli

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust, Fund, Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BEHAR, HAI 14339A CANALVIEW DR DELRAY BEACH FL 33484 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V DORFIELD, ARNOLD 5380C LAKEFRONT BLVD DELRAY BEACH FL 33484 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SNYDER, FRANK 5325D LAKEFRONT DR DELRAY BEACH FL 33484 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HUGO, MARTHA 14319C CANALVIEW DR DELRAY BEACH FL 33484 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WESTREICH, WILLIAM 14260D NESTING WAY DELRAY BEACH FL 33484 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FARACCO, ARTHUR 5114C LAKEFRONT BLVD DELRAY BEACH FL 33484 | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Alfred Tricoli 14324 Canalview Drive Delray Beach, FL 33484 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Elvis Sherman 5380C Lakefront Blvd Delray Beach FL | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Stanley Wasserman 1030 Lakefront Blvd. Delray Beach, FL 33484 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 617, 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:

Alfred C. Tricoli
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)