

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90065 028 ***150.00

DOCUMENT # 842680

1. Entity Name
ALFRED ANGELO, INC.

Principal Place of Business Mailing Address
5401 NW BROKEN SOUND **5401 NW BROKEN SOUND**
STE 100 **STE 100**
BOCA RATON FL 33487 **BOCA RATON FL 33487-3512**
US **US**

2. Principal Place of Business 3. Mailing Address
1690 SOUTH CONGRESS AVE **116 WELSH RD.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

SUITE 120

City & State City & State
DELRAY BEACH, FL **HORSHAM, PA**

Zip Country Zip Country
33445 **U.S.A.** **19044** **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **23-1290653** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent

PICCIONE, VINCENT E
5401 NW BROKEN SOUND BLVD
STE 100
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name **PICCIONE, VINCENT E**
 Street Address (P.O. Box Number is Not Acceptable)
1690 SOUTH CONGRESS AVE.
SUITE 120
 City **DELRAY BEACH, FL** Zip Code **33445**

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PICCIONE, VINCENT E 116 WELSH RD. HORSHAM PA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PICCIONE, MICHELE 116 WELSH RD. HORSHAM PA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO WIBLE, RONALD 5401 NW BROKEN SOUND BLVD BOCA RATON FL 33487	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. WELTZ, JOSEPH 116 WELSH RD HORSHAM PA 19044	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	COO WIBLE, RONALD 1690 SOUTH CONGRESS AVE. SUITE 120 DELRAY BEACH, FL 33445	<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

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: **X** **JOSEPH WELTZ - V.P. FINANCE**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00 (215) 659-5300
 Date Daytime Phone #

CR2E034 (9/99)