

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90428 024 ***150.00

DOCUMENT # 853130

1. Entity Name
VICTOR PALMIERI AND COMPANY INCORPORATED



Principal Place of Business
**18030 BROOKHURST ST
SUITE 7
FOUNTAIN VALLEY CA 92708
US**

Mailing Address
**18030 BROOKHURST ST
SUITE 7
FOUNTAIN VALLEY CA 92708
US**

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

95-2644662

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	CD			<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>
	PALMIERI, VICTOR H.	575 FIFTH AVE, 21ST FLOOR	NEW YORK NY 10017				18030 BROOKHURST, SUITE 7	FOUNTAIN VALLEY, CA 92708		
	V			<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	JONES, CYRIL	18030 BROOKHURST ST 7	FOUNTAIN VALLEY CA 92708						<input type="checkbox"/>	<input type="checkbox"/>
	DFCS			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	KIP M. SECKINGTON	18030 BROOKHURST ST 7	FOUNTAIN VALLEY FL 92708						<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"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 607, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-03

Date

714-962-6539

Daytime Phone #

CR2E034 (10/02)