

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90099 041 ***550.00

DOCUMENT # F01000003350

1. Entity Name
FANIZZI ASSOCIATES, INC.

Principal Place of Business
2455 E. SUNRISE BLVD., #900
FORT LAUDERDALE FL 33304

Mailing Address
2455 E. SUNRISE BLVD., #900
FORT LAUDERDALE FL 33304

2. Principal Place of Business
2455 E. SUNRISE BLVD.

3. Mailing Address
2455 E. SUNRISE BLVD.

Suite, Apt. #, etc.
401

Suite, Apt. #, etc.
401



DO NOT WRITE IN THIS SPACE

City & State
FT. LAUDERDALE, FL

City & State
FT. LAUDERDALE, FL

4. FEI Number
22-3309249

Applied For
 Not Applicable

Zip
33304

Country
BROWARD

Zip
33304

Country
BROWARD

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

FANIZZI, CHRISTINE
2455 E. SUNRISE BLVD., #900
FORT LAUDERDALE FL 33304

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
PSTD
 NAME
FANIZZI, CHRISTINE
 STREET ADDRESS
2455 E. SUNRISE BLVD., #900
 CITY-ST-ZIP
FORT LAUDERDALE FL 33304

TITLE
P
 NAME
FANIZZI, CHRISTINE
 STREET ADDRESS
2455 E. SUNRISE BLVD., #401
 CITY-ST-ZIP
FT. LAUDERDALE, FL 33304

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
V
 NAME
BLACK, JOHN
 STREET ADDRESS
100 WOODBRIDGE CENTER DR. SUITE 202
 CITY-ST-ZIP
WOODBRIDGE, NJ 07095-1125

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
V5
 NAME
TYNDALL, PAUL R.
 STREET ADDRESS
100 WOODBRIDGE CENTER DR, SUITE 202
 CITY-ST-ZIP
WOODBRIDGE, NJ 07095-1125

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
V5
 NAME
MARTINEZ, STEVEN
 STREET ADDRESS
100 WOODBRIDGE CENTER DR. SUITE 202
 CITY-ST-ZIP
WOODBRIDGE NJ 07095-1125

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
VT
 NAME
SIVORI, JAMES
 STREET ADDRESS
100 WOODBRIDGE CENTER DR. SUITE 202
 CITY-ST-ZIP
WOODBRIDGE, NJ 07095-1125

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **Christine Fanizzi**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **9/17/02**
 Daytime Phone # **954.568.3638**

CR2E034 (4/02)