

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F12839

1. Entity Name

CACCIOPPO ASSOCIATES, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90040 012 ***150.00

Principal Place of Business

Mailing Address

8820 S.W. 8TH STREET
PLANTATION FL 33324-3708

8820 S.W. 8TH STREET
PLANTATION FL 33324-7032

2. Principal Place of Business

309 N.W. 97th Avenue

3. Mailing Address

309 NW 97th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Plantation, Florida

City & State

Plantation, Florida

4. FEI Number

59-2043530

Applied For

Not Applicable

Zip

Country

33324-7032

USA

Zip

Country

33324-7032

USA

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

CACCIOPPO, PHYLLIS L.
8820 S.W. 8TH STREET
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

309 N.W. 97th Avenue

Plantation

FL

Zip Code

33324-7032

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☐ Delete
NAME CACCIOPPO, PHYLLIS L.
STREET ADDRESS 8820 S.W. 8TH STREET 309 N.W. 97th Ave
CITY-ST-ZIP PLANTATION FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME CACCIOPPO, MATTHEW J.
STREET ADDRESS 8820 S.W. 8TH STREET 309 N.W. 97th Ave
CITY-ST-ZIP PLANTATION FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Phyllis L. Caccioppo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/2000
Date

(904) 370-1473
Daytime Phone #

CR2E034 (9/99)