

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90018 045 ***150.00

DOCUMENT # F12839

1. Entity Name
CACCIOPPO ASSOCIATES, INC.

Principal Place of Business

Mailing Address

~~309 NW 97TH AVENUE~~
PLANTATION FL 33324-7067

~~309 NW 97TH AVENUE~~
PLANTATION FL 33324-7067

2. Principal Place of Business

276 NW 97th Avenue
Suite, Apt. #, etc.

3. Mailing Address

276 N.W. 97th Avenue
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Plantation, FL

City & State
Plantation, FL

4. FEI Number
59-2043530

Applied For
Not Applicable

Zip
33324-7067

Country
USA

Zip
33324-7067

Country
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.
309 NW 97TH AVENUE
PLANTATION FL 33324

Name

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

276 NW 97th Avenue

City
Plantation

FL

Zip Code
33324-7067

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 *Phyllis L. Caccioppo*

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

(NOTE: Registered Agent's signature required when reinstating)

2/23/2001

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	V CACCIOPPO, PHYLLIS L 309 NW 97TH AVE PLANTATION FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CACCIOPPO, MATTHEW J. 309 NW 97TH AVE PLANTATION FL	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
276 NW 97th Avenue Plantation, FL 33324-7067	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
276 NW 97th Avenue Plantation, FL 33324-7067	
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
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

Phyllis L. Caccioppo **Phyllis L. Caccioppo**

2/23/01
Date

954 370-1473
Daytime Phone #

CR2E034 (10/00)