

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2001 8:00 am**  
**Secretary of State**

02-21-2001 90064 025 \*\*\*150.00

024449

**DOCUMENT # G82012**

1. Entity Name  
**PETER P. PARISI, C.P.A. P.A.**

Principal Place of Business  
 % PETER P. PARISI  
 2832 NE 21ST CT  
 FT. LAUDERDALE FL 33305

Mailing Address  
 % PETER P. PARISI  
 2832 NE 21ST CT  
 FT. LAUDERDALE FL 33305

**719770**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**4045 N.W. 16<sup>th</sup> STREET C1**  
 Suite, Apt. #, etc.  
**C111**

3. Mailing Address  
**501 SW 16<sup>th</sup> STREET**  
 Suite, Apt. #, etc.

City & State  
**FT. LAUDERDALE FLA.**

City & State  
**BOYNTON BEACH FL.**

Zip  
**33313**

Country  
**USA**

Zip  
**33426**

Country  
**USA**

4. FEI Number **59-2343131** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PARISI, PETER P.**  
**501 SW 16 ST**  
**BOYNTON BEACH FL 33426**

7. Name and Address of New Registered Agent

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.

SIGNATURE \_\_\_\_\_ (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, 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	<b>PD</b> <b>PARISI, PETER P.</b> <b>4041 N.W. 16TH ST. C-111</b> <b>LAUDERHILL FL</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PARISI, ANGELA E.</b> <b>501 SW 16 ST</b> <b>BOYNTON BEACH FL 33426</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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: **Pres/Dir** Date: **01/14/01** Daytime Phone #: **(954) 731-7215**

CR2E034 (10/00)