

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91788 042 ***150.00

0394789 AV

DOCUMENT # G82012

1. Entity Name

PETER P. PARISI, C.P.A. P.A.



Principal Place of Business

4045 NW 16TH STREET
C111
FORT LAUDERDALE FL 33313

Mailing Address

501 SW 16TH STREET
BOYNTON BEACH FL 33426

2. Principal Place of Business

3. Mailing Address

4045 N.W. 16th STREET

Suite, Apt. #, etc.

Suite Apt. #, etc.

Suite # 111

City & State

City & State

FL LAUDERDALE FL

Zip

Country

Zip

Country

33313

USA

☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

PARISI, PETER P.

501 SW 16 ST

BOYNTON BEACH FL 33426

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 PD
NAME PARISI, PETER P.
STREET ADDRESS 4041 N.W. 16TH ST. C-111
CITY-ST-ZIP LAUDERHILL FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME PARISI, ANGELA E.
STREET ADDRESS 501 SW 16 ST
CITY-ST-ZIP BOYNTON BEACH FL 33426

☐ Delete

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☐ Change ☐ Addition

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/03 (854) 655-8384

CR2E034 (10/02)