

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 04, 2001 08:00 AM**
Secretary of State**DOCUMENT # K12497**1. Entity Name
PICCIRILLO, INC.**Principal Place of Business**1007 GREEN PINE BLVD
STE F3
W PALM BCH
33409 US**Mailing Address**1007 GREEN PINE BLVD
STE F3
WEST PALM BEACH
33409 US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**65-0026087**

Applied For

Not Applicable

5. Certificate of Status Desired**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**PICCIRILLO, MICHAEL
1007 GREENPINE BLVD.
F-3
WEST PALM BEACH
33870 US

FL

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 **MICHAEL PICCIRILLO****02/04/2001**

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, 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	VPT	<input type="checkbox"/> Delete
NAME	MICHAEL PICCIRILLO	
STREET ADDRESS	1007 GREEN PINE BLVD., F-3	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	PS	<input type="checkbox"/> Delete
NAME	APRIL PICCIRILLO	
STREET ADDRESS	1007 GREEN PINE BLVD. F-3	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL PICCIRILLO	
STREET ADDRESS	1007 GREEN PINE BLVD., F-3	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL PICCIRILLO	
STREET ADDRESS	1007 GREEN PINE BLVD. F-3	
CITY-ST-ZIP	W. PALM BEACH FL 33409-70	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: MICHAEL PICCIRILLO

PST

02/04/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)