

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90095 046 ***158.75

DOCUMENT # L29545

1. Entity Name

MELCHIORI & RICEPUTO, INC.

Principal Place of Business

5900 OUR ROBBIES ROAD
 JUPITER FL 33458
 US

Mailing Address

5900 OUR ROBBIES ROAD
 JUPITER FL 33458
 US

2. Principal Place of Business

11911 US Hwy 1

3. Mailing Address

11911 US Hwy 1

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

Suite 201

City & State

NORTH Palm Beach FL

City & State

NORTH Palm Beach FL

Zip

33408

Country

US Palm Beach

Zip

33408

Country

US

4. FEI Number

65-0161928

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICEPUTO, FREDERICK S.
 5900 OUR ROBBIES RD
 JUPITER FL 33458

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

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, 2002 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

TITLE **STD** ☐ Delete
 NAME **RICEPUTO, FREDERICK S.**
 STREET ADDRESS **5900 OUR ROBBIES ROAD**
 CITY-ST-ZIP **JUPITER FL**

TITLE **PD** ☐ Delete
 NAME **MELCHIORI, JOSEPH E., JR**
 STREET ADDRESS **3348 C ROAD**
 CITY-ST-ZIP **LOXAHATCHEE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **11911 US Hwy 1 Suite 201**
 CITY-ST-ZIP **N.P.B FL 33408**

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

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

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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 an other like empowered.

SIGNATURE:

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

Date

Daytime Phone #

1/22/02

561-624-1931

02E034 (9/01)