

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90138 022 \*\*\*158.75

0326398 AV

**DOCUMENT # P00000034676**

1. Entity Name

VIA PALMA DELRAY, INC.

Principal Place of Business

~~7099 E TROPICAL WAY~~  
~~PLANTATION FL 33317~~

Mailing Address

~~7099 E TROPICAL WAY~~  
~~PLANTATION FL 33317~~

2. Principal Place of Business

1220 Danbury Ave.

Suite, Apt. #, etc.

3. Mailing Address

1220 Danbury Ave.

Suite, Apt. #, etc.

City & State

DAVIE, FL.

City & State

DAVIE, FL.

4. FEI Number

65-0996754

Applied For

Not Applicable

Zip

33325

Country

U.S.A.

Zip

33325

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

BEESON, JAMES B  
 7099 E TROPICAL WAY  
 PLANTATION FL 33317

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 ☐ Delete  
 NAME D  
 STREET ADDRESS BEESON, J M JR  
 CITY-ST-ZIP 7099 E TROPICAL WAY  
 PLANTATION FL 33317

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS FRANK GUERRIERI  
 CITY-ST-ZIP 14340 ARLINGTON PLACE  
 DAVIE, FL 33325

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS DAN GUERRIERI  
 CITY-ST-ZIP 1720 DANBURY AVE  
 DAVIE, FL 33325

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS ANTHONY SIRAU  
 CITY-ST-ZIP 14300 ARLINGTON PLACE  
 DAVIE, FL 33325

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS JOHN ABNEY  
 CITY-ST-ZIP 10730 Haydon Drive  
 Boca Raton, FL 33498

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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 all other like empowered.

SIGNATURE: \*

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAID 09 Jan 02 954-763-4888

Date

Daytime Phone #

CR2E034 (9/01)