

2002 UNIFORM BUSINESS REPORT (UBR)

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AV

DOCUMENT # P00000063340

1. Entity Name

M.A. RICCO ENTERPRISES INC.

FILED

02 JUN 17 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1310 N.W. 43RD AVE.

#104

LAUDERHILL FL 33313

Mailing Address

1310 N.W. 43RD AVE.

#104

LAUDERHILL FL 33313



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1015251

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LYNN, BRIAN
TWO SOUTH UNIVERSITY DRIVE
SUITE 215
PLANTATION FL 33324

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICCO, MARY A 1310 N.W. 43RD AVE. #104 LAUDERHILL FL 33313	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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****150.00 ****150.00

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 REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/8/02

954-739-8872

CR2E034 (9/01)

Attachment

P00000063340

M.A. RICCO ENTERPRISE, INC.
1310 NW 43RD AVE SUITE 104
LAUDERHILL FL. 33313
TEL. 954-739-8872
FAX 954-739-0073

INVOICE

JUNE 8, 2002

UNIFOR BUSINESS REPORT
DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHESSEE, FL 32302-1500

TO WHOM IT MAY CONCERN:

RE: FEI NUMBER 65-1015251

PLEASE BE ADVISED, THAT I WAS IN A AUTO ACCIDENT, IN NOVEMBER, I AM STILL UNDER DOCTORS CARE DUE TO A SPINAL INJURY, AND HAD TO GO OUT OF TOWN FOR TREATMENT, THE 1st OF FEBRUARY. I JUST RETURNED HOME TODAY, JUNE 8, 2002, AND HAVE LEARNED THIS PAYMENT OF \$150.00 WAS DUE MAY 1, 2002.

ENCLOSED IS MY CHECK FOR \$150.00, IF THERE IS A BALANCE, PLEASE ADVISE.

THANK YOU,

Maryl A. Ricco, President