

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90151 001 \*\*\*150.00

DOCUMENT # P000000 68899

1. Entity Name

Frank A. Luceri, P.A.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1877 South Federal Hwy

3. Mailing Address

1877 South Federal Highway

Suite, Apt. #, etc

Suite 308

Suite, Apt. #, etc

Suite 308

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33432

Country

Palm Beach

Zip

33432

Country

Palm Beach

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1024969

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Frank A. Luceri

Street Address (P.O. Box Number is Not Acceptable)

1877 South Federal Highway

Suite 308

City

Boca Raton

FL

Zip Code

33432

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.

Registered Agent / Director

4/29/02

(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) ☐

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President / Director  
Frank A. Luceri  
1877, S. Federal Highway, Ste 308  
Boca Raton, FL 33432

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres / Dir.

4/29/02

(SGI) 347-6337

Date

Daytime Phone #

CR2E034B (12/01)