

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90104 010 ***150.00

DOCUMENT # P00000083515

1. Entity Name

MASSACCESI WALLCOVERING & PAINT, INC.

Principal Place of Business

17911 NW 68 AVENUE

APT # M 206

HIALEAH FL 33015

Mailing Address

17911 NW 68 AVENUE

APT # M 206

HIALEAH FL 33015



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

229 St. Cloud Village Ct.

3. Mailing Address

229 St. Cloud Village Ct.

Suite, Apt. #, etc.

Apt # 104

Suite, Apt. #, etc.

Apt # 104

City & State

KISSIMMEE, FL

City & State

KISSIMMEE, FL

Zip

34744

Country

USA

Zip

34744

Country

USA

4. FEI Number

65-1036409

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MASSACCESI, SERGIO
17901 NE 68 AVE #T-205
MIAMI FL 33015

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 **D** ☐ Delete
NAME **MASSACCESI, SERGIO**
STREET ADDRESS **17911 NW 68 AVENUE APT # M 206**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **D** ☐ Delete
NAME **MASSACCESI, LILIAN A**
STREET ADDRESS **17911 NW 68 AVENUE APT # M 206**
CITY-ST-ZIP **MIAMI FL 33015**

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 **D** ☒ Change ☐ Addition
NAME **Massaccesi Sergio**
STREET ADDRESS **229 St. Cloud Village Ct. Apt. 104**
CITY-ST-ZIP **Kissimmee, FL 34744**

TITLE **D** ☒ Change ☐ Addition
NAME **Massaccesi Lilian A.**
STREET ADDRESS **229 St. Cloud Village Ct. Apt. 104**
CITY-ST-ZIP **Kissimmee, FL 34744**

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
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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/02 (407) 4980692

10/014034 (9/01)