

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90016 022 ***150.00

0063070 AV

DOCUMENT # P00000084782

1. Entity Name

SALICCO MANAGEMENT SERVICES, INC.

(Handwritten mark)

Principal Place of Business

**5300 NW 33 AVENUE
 SUITE 117
 FT. LAUDERDALE FL 33309**

Mailing Address

**5300 NW 33 AVENUE
 SUITE 117
 FT. LAUDERDALE FL 33309**

2. Principal Place of Business

13461 79 CT N

Suite, Apt. #, etc.

3. Mailing Address

13461 79 CT N

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach FL

City & State

West Palm Beach FL

4. FEI Number

65-1038407

Applied For

Not Applicable

Zip

33412

Country

Palm Beach

Zip

33412

Country

Palm Beach

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

SERCHAY, ALLAN

5300 NW 33 AVENUE

SUITE 117

FT. LAUDERDALE FL 33309

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **SALICCO, RITA**
 STREET ADDRESS **13461 79TH COURT**
 CITY-ST-ZIP **WEST PALM BEACH FL 33412**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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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

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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:

(Handwritten Signature) **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

ATTACHMENT

**SALICCO MANAGEMENT SERVICES, INC
13461 79 COURT NORTH
WEST PALM BEACH, FL 33412**

July 20, 2001

P000000084782

**Divisions of Corporations
Uniform Business Report Filing
PO BOX 1500
Tallahassee, FL 32302-1500**

Dear Sir,

I am enclosing my 2001 uniform business report for Salicco Management Services, Inc with the mailing address corrected. The address on the form is my accountant's address and he did not receive the first form. I spoke to Matt at the Divisions of Corporations and he said to send the corrected form with the original filing fee of \$150.00.

Thank you,

Rita Salicco

Rita Salicco