

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90226 027 ***158.75

0150754 AV

DOCUMENT # P01000014768

1. Entity Name
AAC ABACO ARCHITECTURE AND CONSTRUCTION, INC.

Principal Place of Business

5121 MONROE ST
HOLLYWOOD FL 33021

Mailing Address

5121 MONROE ST
HOLLYWOOD FL 33021

2. Principal Place of Business

3541 Harbour Drive
 Suite, Apt. #, etc.

3. Mailing Address

3541 Harbour Drive
 Suite, Apt. #, etc.

City & State

Mount Dora, FL

City & State

Mount Dora, FL

4. FEI Number

65-1075440

Applied For

Not Applicable

Zip

Country

32757 Lake

Zip

Country

32757 Lake

5. Certificate of Status Desired



\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

GAGLIANO, NINO J SR
5121 MONROE ST
HOLLYWOOD FL 33021

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	<input type="checkbox"/> Delete
NAME	GAGLIANO, NINO J SR	
STREET ADDRESS	5121 MONROE ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POTENTI, ALESSANDRO	
STREET ADDRESS	1121 NE 17TH TERR	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POZZUOLI, JOSEPH D	
STREET ADDRESS	5119 SW 93RD AVE	
CITY-ST-ZIP	COOPER CITY FL 33328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Nino J. Gagliano Sr. Pres.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02
 Date

352-388-2222
 Daytime Phone #

CR2E034 (9/01)