

2002 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jun 23, 2002 8:00 am
Secretary of State

05-28-2002 91686 009 ***150.00

DOCUMENT # P01000020693

1. Entity Name

GIOVANNI NICOSIA, P.A.

Principal Place of Business

**8100 N UNIVERSITY DR. STE 102
 FT LAUDERDALE FL 33321**

Mailing Address

**8100 N UNIVERSITY DR. STE 102
 FT LAUDERDALE FL 33321**

36294



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1098314

Applied For

Not Applicable

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

NICOSIA, GIOVANNI ESQ

8100 N UNIVERSITY DR, STE 102

FT LAUDERDALE FL 33321

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 ☐ Delete

**P
 NICOSIA, GIOVANNI
 8100 N UNIVERSITY DR, STE 102
 FT LAUDERDALE FL 33321**

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)