

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2002 8:00 am
Secretary of State

06-11-2002 90393 027 ***150.00

DOCUMENT # P01000023775

1. Entity Name

PICCOLI & PICCOLI, INC.

Principal Place of Business

**6116 SANDCREST CIRCLE
 ORLANDO FL 32819**

Mailing Address

**6116 SANDCREST CIRCLE
 ORLANDO FL 32819**

we received this letter in June 05

2. Principal Place of Business

4956 EAGLESMERE DR

3. Mailing Address

4956 EAGLESMERE DR

Suite, Apt. #, etc.

733

Suite, Apt. #, etc.

733

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32819

Country

ORANGE

Zip

32819

Country

ORANGE

4. FEI Number

59-3704142

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PICCOLI, ASSIS A
 6116 SANDCREST CIRCLE
 ORLANDO FL 32819**

7. Name and Address of New Registered Agent

**PICCOLI, ASSIS A
 4956 EAGLESMERE DR
 # 733
 ORLANDO FL 32819**

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]*

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 NAME STREET ADDRESS CITY-ST-ZIP	PD PICCOLI, ASSIS A 6116 SANDCREST CIRCLE ORLANDO FL 32819	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PICCOLI, MAURICIO A 6116 SANDCREST CIRCLE ORLANDO FL 32819	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PICCOLI, MARIZA H 6116 SANDCREST CIRCLE ORLANDO FL 32819	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PICCOLI, ASSIS A 4956 EAGLESMERE DR APTD 733 ORLANDO FL 32819	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PICCOLI, MAURICIO A 4956 EAGLESMERE DR APTD 733 ORLANDO FL 32819	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PICCOLI, MARIZA H 4956 EAGLESMERE DR APTD 733 ORLANDO FL 32819	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 07 2002

Date

407 903 1949

Daytime Phone #

CR2E034 (9/01)