

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90137 048 ***150.00

DOCUMENT # P01000073295

1. Entity Name
F. VICINO PROPERTIES, INC.

Principal Place of Business

15 NE 2ND AVENUE
DEEFIELD BEACH FL 33441

Mailing Address

15 NE 2ND AVENUE
DEEFIELD BEACH FL 33441

2. Principal Place of Business

17 PE 2ND AVENUE
 Suite, Apt. #, etc.

3. Mailing Address

17 P.E. 2ND AVENUE
 Suite, Apt. #, etc.

City & State

Deer Field Beach, FL

Zip

Country

33441-3503 BROWARD

City & State

Deer Field Beach, FL

Zip

Country

33441-3503 BROWARD

4. FEI Number

65-1126124

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHecter, MARK S ESQ.
100 NE 3RD AVE., SUITE 610
FT. LAUDERDALE FL 33301

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	PD	<input checked="" type="checkbox"/> Delete
NAME	VICINO, FRANK JR.	
STREET ADDRESS	15 NE 2ND AVENUE	
CITY-ST-ZIP	DEEFIELD BEACH FL 33441	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	VICINO, FRANK	
STREET ADDRESS	15 NE 2ND AVENUE	
CITY-ST-ZIP	DEEFIELD BEACH FL 33441	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICINO FRANK JR.	
STREET ADDRESS	14 MINNENTONKA Road	
CITY-ST-ZIP	Sea Ranch Lake, FL 33308	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICINO FRANK SR.	
STREET ADDRESS	3100 N. Ocean Blvd #1507	
CITY-ST-ZIP	Ft. Lauderdale, FL 33308	
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		
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/02 904-422-5710

Date

Daytime Phone #

CR2E034 (9/01)