

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

02-07-2002 90163 031 ***150.00

DOCUMENT # P01000104636

1. Entity Name
JOSEPH TANACREDI P.A.

Principal Place of Business
11575 ORANGE BLOSSOM LN
BOCA RATON FL 33428

Mailing Address
11575 ORANGE BLOSSOM LN
BOCA RATON FL 33428



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11575 Orange BL LN
 Suite, Apt. #, etc.

3. Mailing Address
11575 Orange BL LN
 Suite, Apt. #, etc.

City & State
Boca Raton FL

City & State
Boca Raton FL

4. FEI Number

Applied For
☒ Not Applicable

Zip
33428

Country
PR

Zip
33428

Country
PR

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

TANACREDI, JOSEPH
11575 ORANGE BLOSSOM LN
BOCA RATON FL 33428

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

Joseph Tanacredi

(NOTE: Registered Agent signature required when reinstating)

DATE

3/6/02

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 ☐ Delete
OFFICER/PRINCIPAL
 NAME **Joseph Tanacredi**
 STREET ADDRESS **11575 Orange BL LN**
 CITY-ST-ZIP **Boca Raton, FL 33428**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
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 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:

Joseph Tanacredi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/02

561-474-5325

Daytime Phone #

CR2E034 (9/01)