

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000104636

1. Entity Name  
JOSEPH TANACREDI R.A.

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

Mailing Address  
11575 ORANGE BLOSSOM LN  
BOCA RATON FL 33428

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

Zip 33428

Country PB

Zip 33428

Country PB

6. Name and Address of Current Registered Agent

TANACREDI, JOSEPH  
11575 ORANGE BLOSSOM LN  
BOCA RATON FL 33428

4. FEI Number

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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

*Joseph Tanacredi*

Signature, typed or printed name of registered agent and title if applicable.

(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  \$5.00 May Be Added to Fees  
Trust Fund Contribution.

## 11. OFFICERS AND DIRECTORS

TITLE: OFFICERS/PRINCIPAL  Delete  
NAME: Joseph Tanacredi  
STREET ADDRESS: 11575 Orange BL LN  
CITY-ST-ZIP: Boca Raton, FL 33428

TITLE:  Delete  
NAME:  Delete  
STREET ADDRESS:  Delete  
CITY-ST-ZIP:  Delete

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STREET ADDRESS:  Delete  
CITY-ST-ZIP:  Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

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STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  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 empowerments.

SIGNATURE: *Joseph Tanacredi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/02 561-434-5325  
Date Daytime Phone #

CR2E034 (9/01)