

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000119720**

1. Entity Name

ALFIERI-EADE MANAGEMENT, INC.

Principal Place of Business

**291 FAN PALM DR
BOCA RATON FL 33432**

Mailing Address

**291 FAN PALM DR
BOCA RATON FL 33432**

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

65-0730990

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**ALFIERI, MARK A
291 FAN PALM DR
BOCA RATON FL 33432**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	ALFIERI, MARK A	291 FAN PALM DR	BOCA RATON FL 33432	<input type="checkbox"/>
D	EADE, SOUAD	239 N 2ND ST	OLEAN NY 14760	<input type="checkbox"/>
D	ALFIERI, LOUIS S R	1440 NW 12TH WAY	BOCA RATON FL 33486	<input type="checkbox"/>
D	EADE-ALFIERI, MARY P	291 FAN PALM DR	BOCA RATON FL 33432	<input type="checkbox"/>
D	EADE, ELIAS JR	239 N 2ND ST	OLEAN NY 14760	<input type="checkbox"/>
D	ALFIERI, RITA	1440 NW 12TH WAY	BOCA RATON FL 33486	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 30, 2002 8:00 am
Secretary of State

05-27-2002 90487 039 ***150.00

95461



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)