

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90134 026 ***150.00

DOCUMENT # P02000020450

1. Entity Name
A & V OF NEW YORK, INC.



Principal Place of Business
4953 N US 27
OCALA FL 34482

Mailing Address
4953 N US 27
OCALA FL 34482

same as above

2. Principal Place of Business

4953 N US 27

3. Mailing Address

4953 N US 27

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala FL

City & State

Ocala FL

Zip
34482

Country
USA

Zip
34482

Country
USA

4. FEI Number

01-0606435

☒ **Applied For**

☐ **Not Applicable**

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

PAPAROPOLI, JOSEPHINE
4953 N US 27
OCALA FL 34482

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Josephine Paparopoli*

(NOTE: Registered Agent signature required when reinstating)

4-2-03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **President** ☐ **Delete**
NAME **Vincenzo Paparopoli**
STREET ADDRESS **4953 N US 27**
CITY-ST-ZIP **Ocala FL 34482**

TITLE **Vice President** ☐ **Delete**
NAME **Josephine Paparopoli**
STREET ADDRESS **4953 N US 27**
CITY-ST-ZIP **Ocala FL 34482**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ **Change** ☒ **Addition**
NAME **Vincenzo Paparopoli**
STREET ADDRESS **4953 N US 27**
CITY-ST-ZIP **Ocala FL 34482**

TITLE **V/T/S** ☐ **Change** ☒ **Addition**
NAME **Josephine Paparopoli**
STREET ADDRESS **4953 N US 27**
CITY-ST-ZIP **Ocala FL 34482**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Josephine Paparopoli*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-03

Date

(352) 690 7220
Daytime Phone #

CR2E034 (10/02)