

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P30464

1. Entity Name

BRIAN BIVIANO & ASSOCIATES, INC.

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90278 026 ***150.00

Principal Place of Business

Mailing Address

1022 PINE HILLS RD
ORLANDO FL 32808
US

PO BOX 585460
ORLANDO FL 32858
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-3052123**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BIVIANO, BRIAN
1022 PINE HILLS RD
ORLANDO FL 32808

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 reinstalling)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PD			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	BIVANO, SR JOSEPH	646 VIAMILANO CIR	APOPKA FL 32712							
	VTD			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	BIVIANO, BRIAN	1022 PINE HILLS RD	ORLANDO FL 32808							
	S			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	BIVIANO, PAULA	1022 PINE HILLS RD	ORLANDO FL 32808							
				<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"/>					<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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/01

Date

407 296-6777

Daytime Phone #

CR2E034 (10/00)