

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2002 8:00 am
Secretary of State

08-11-2002 90163 044 ***550.00

0080289 AV

DOCUMENT # P92000014909

1. Entity Name
SHAPIRO, BLASI, DECTOR & PIAZZA, P.A.

Principal Place of Business
7777 GLADES RD
SUITE 200
BOCA RATON FL 33434
US

Mailing Address
7777 GLADES RD
SUITE 200
BOCA RATON FL 33434
US

B0133806



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0376849		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHAPIRO, MICHAEL 7777 GLADES RD SUITE 200 BOCA RATON FL 33434		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 *[Signature]* **h/a ms** DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$550.00**
After September 13, 2002 Fee will be \$750.00
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	DPT SHAPIRO, MICHAEL B 7777 GLADES RD., STE 200 BOCA RATON FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Andrew B. Blasi 7777 Glades Rd, Ste 200 Boca Raton, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS DECTOR, ANDREW M 7777 GLADES RD., STE 200 BOCA RATON FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Piazza, Vincent J. 7777 Glades Rd, Ste 200 Boca Raton, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 empowers.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **Michael B Shapiro** **8/7/02** **861-477-7800**

CR2E034 (4/02)