

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000026800

1. Entity Name

BISECCO, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90090 049 ***150.00

Principal Place of Business

Mailing Address

5131 NW 31 ST
MARGATE FL 33063

5131 NW 31 ST
MARGATE FL 33073-2059

2. Principal Place of Business

3. Mailing Address

4062 NW 63RD STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCONUT CREEK, FL

City & State

4. FEI Number

65-0410657

Applied For

Not Applicable

Zip

Country

Zip

Country

33073

USA

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

BISECCO, PASQUALE
5131 NW 31 ST
MARGATE FL 33063

Name

BISECCO PASQUALE

Street Address (P.O. Box Number is Not Acceptable)

4062 NW 63RD STREET

City

COCONUT CREEK

FL

Zip Code

33073

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, 2000 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 PD ☐ Delete
NAME BISECCO, PASQUALE
STREET ADDRESS 5131 NW 31 ST
CITY-ST-ZIP MARGATE FL 33063

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

TITLE D ☒ Delete
NAME BISECCO, SALVATORE
STREET ADDRESS 6616 NW 49 ST
CITY-ST-ZIP CORAL SPRINGS FL 33067

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

TITLE D ☐ Delete
NAME BISECCO, FRANK
STREET ADDRESS 6632 NW 42 AVE
CITY-ST-ZIP COCONUT CREEK FL 33073

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

TITLE D ☐ Delete
NAME BISECCO, ADLOFO
STREET ADDRESS 4345 CORAL SPRINGS DR
CITY-ST-ZIP CORAL SPRINGS FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 empowered.

SIGNATURE:

PASQUALE BISECCO

2/22/00 (954) 214-7362

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)