

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 03, 2003 8:00 am
Secretary of State

07-03-2003 90033 048 ***150.00

DOCUMENT # **P93000026800**

1. Entity Name

BISECCO INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4062 NW 63 STREET

3. Mailing Address

4062 NW 63 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

COCONUT CREEK FL

City & State

COCONUT CREEK FL

4. FEI Number

65-0410657

Applied For

Not Applicable

Zip

33073

Country

USA

Zip

33073

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

PASQUALE BISECCO

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

4062 NW 63 RD STREET

City

COCONUT CREEK

FL

Zip Code

33073

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

JUNE 30, 2003

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PASQUALE BISECCO (PRESIDENT)
4062 NW 63 RD STREET
COCONUT CREEK, FL 33073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FRANK BISECCO (VICE PRESIDENT)
6244 SHADOW TREE LANE
LAKE WORTH FL 33463

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ADOLFO BISECCO (TREASURY)
4345 CORAL SPRINGS DR
CORAL SPRINGS, FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PASQUALE BISECCO

6/30/03

(954) 214-7362

Date

Daytime Phone #

CR2E034B (12/02)