

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000041476

1. Entity Name
ANTHONY R. JULIANO, INCORPORATED

FILED
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90021 020 ***150.00

040611 AV

Principal Place of Business
817 NE 71ST STREET
BOCA RATON FL 33487
US

Mailing Address
817 NE 71ST STREET
BOCA RATON FL 33487
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0494988

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

JULIANO, ANTHONY R
100 E. LINTON BLVD.
SUITE 141-A
DELRAY BEACH FL 33483

Name *Juliano, Anthony R.*
Street Address (P.O. Box Number is Not Acceptable) *817 N.E. 71ST STREET*
City *BOCA RATON FL.* Zip Code *33487*

MOVED - NEW ADDRESS

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

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, 2002 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
PSVT
JULIANO, ANTHONY R
100 E. LINTON BLVD. #141-A
DELRAY BEACH FL 33483 ☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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: *ANTHONY R. JULIANO* 1-4-2002-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Block #

CR2E034 (9/01)