

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90102 040 ***150.00

0370450 AV

DOCUMENT # P94000083978

1. Entity Name

CAMINO CENTER, INC.

Principal Place of Business

**2500 N MILITARY TRAIL
SUITE 200
BOCA RATON FL 33431**

Mailing Address

**2500 N MILITARY TRAIL
SUITE 200
BOCA RATON FL 33431**

2. Principal Place of Business

101 Pineapple Grove Way

3. Mailing Address

101 Pineapple Grove Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

Delray Beach, FL

4. FEI Number

65-0541972

Applied For

Not Applicable

Zip

33444

Country

Zip

33444

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FRICKE, HENRY A
2500 N MILITARY TRAIL
SUITE 200
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name

Fricke, Henry A.

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

101 Pineapple Grove Way

City

Delray Beach

FL

Zip Code

33444

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

Henry A. Fricke

Henry A. Fricke

3/1/02

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	PUGLIESE, ANTHONY V III	
STREET ADDRESS	2500 MILITARY TRAIL, SUITE 200	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PUGLIESE, ANTHONY V III	
STREET ADDRESS	2500 MILITARY TRAIL SUITE 200	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	S	<input type="checkbox"/> Delete
NAME	FRICKE, HENRY A	
STREET ADDRESS	2500 MILITARY TRAIL SUITE 200	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pugliese, Anthony V. III	
STREET ADDRESS	101 Pineapple Grove Way	
CITY-ST-ZIP	Delray Beach, FL 33444	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pugliese, Anthony V. III	
STREET ADDRESS	101 Pineapple Grove Way	
CITY-ST-ZIP	Delray Beach, FL 33444	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fricke, Henry A.	
STREET ADDRESS	101 Pineapple Grove Way	
CITY-ST-ZIP	Delray Beach, FL 33444	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOTE: Changes are of address only.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Henry A. Fricke

Henry A. Fricke

3/1/02

561-330-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)