

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90321 027 ***150.00

DOCUMENT # P95000041720

1. Entity Name
FEDERICI INVESTMENTS, INC.

Principal Place of Business

**1850 N.E. 144TH ST.
 NORTH MIAMI FL 33181**

Mailing Address

**1850 N.E. 144TH ST.
 NORTH MIAMI FL 33181**

2. Principal Place of Business

12124 St. Andrews Place

Suite, Apt. #, etc.

304

City & State

Miramar, FL

Zip

33025

Country

USA

3. Mailing Address

12124 St. Andrews Place

Suite, Apt. #, etc.

304

City & State

Miramar

Zip

33025

Country

USA

4. FEI Number

65-0582582

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FEDERICI, RALPH A
 1850 NE 144TH ST
 NORTH MIAMI FL 33181**

7. Name and Address of New Registered Agent

Name

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

12124 St. Andrews Place, # 304

City

Miramar

FL

Zip Code

33025

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, 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	D	<input type="checkbox"/> Delete
NAME	FEDERICI, RALPH A	
STREET ADDRESS	1850 N.E. 144TH ST.	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE	D	<input type="checkbox"/> Delete
NAME	FEDERICI, MAGALY	
STREET ADDRESS	1850 N.E. 144TH ST.	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12124 St. Andrews Place, # 304	
STREET ADDRESS	Miramar, FL 33025	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12124 St. Andrews Place, # 304	
STREET ADDRESS	Miramar, FL 33025	
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		
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: *Ralph A. Federici*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RALPH A. FEDERICI
 PRES.**

4/30/02 (954) 435-9733
 Date Daytime Phone #

CR2E034 (9/01)