

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000066930

1. Entity Name

T. RIGGI & ASSOCIATES, INC.

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90005 005 \*\*\*150.00

Principal Place of Business

Mailing Address

7591 BLACK OLIVE WAY  
TAMARAC FL 33321

7591 BLACK OLIVE WAY  
TAMARAC FL 33321

2. Principal Place of Business

7820 BANYAN TERRACE

3. Mailing Address

7820 BANYAN TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMARAC FL

City & State

TAMARAC FL

Zip

33321

Country

FLORIDA

Zip

33321

Country

FLORIDA

4. FEI Number

65-0686676

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VEREBAY, LAYNE

190 NE 199TH STREET STE 204  
NO MIAMI FL 33179

7. Name and Address of New Registered Agent

Name

LOUIS SENDER

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

8289 CASSIA TERRACE

City

TAMARAC

FL

Zip Code

33321

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, printed, or stamped 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, 2001 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	PTSD	<input type="checkbox"/> Delete
NAME	RIGGI, ANTHONY	
STREET ADDRESS	7820 BANYAN TERR CIR	
CITY-ST-ZIP	TAMARAC FL 33321	
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	PROS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIGGI, ANTHONY	
STREET ADDRESS	7820 BANYAN TERRACE	
CITY-ST-ZIP	TAMARAC FL 33321	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-01

0264021

CR2E034 (10/00)