

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90099 009 ***150.00

DOCUMENT # P96000076343

1. Entity Name

RONALD V. ANNECHIARICO, SR.P.A.

Principal Place of Business

Mailing Address

~~1505 N RIVERSIDE DR~~ **2900 N. COURSE DR.** ~~1505 N RIVERSIDE DR~~ **2900 N. COURSE DR**
~~1206 #1003~~ **#1003** ~~1206 #1003~~ **#1003**
~~POMPAO BCH FL 33062~~ **33069** ~~POMPAO BCH FL 33062~~ **33069**
US **US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0700098**

Applied For

Not Applicable

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

ANNECHIARICO, RONALD V SR

~~1505 N RIVERSIDE DR #1206~~ **2900 N. COURSE DR #1003**
POMPAO BCH FL 33062 33069

Name

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

City

FL

Zip Code

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ANNECHIARICO, RONALD V SR	
STREET ADDRESS	1951 NE 39TH STREET #107 2900 N. COURSE DR	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064 #1003	
TITLE	POMPAO BEACH FL 33069	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-11-01 954426-2177

CR2E034 (10/00)