

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90043 008 \*\*\*150.00

0123832 AV

**DOCUMENT # P97000060519**

1. Entity Name

**C A M - S I L PROPERTIES, INC.**

Principal Place of Business

**674-698 BAYSHORE BLVD  
PORT ST LUCIE FL 34985  
US**

Mailing Address

**1562 CROWBERRY LANE  
SEBASTIAN FL 32958**

**023043**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0766690**

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

Name

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

City

**FL**

Zip Code

**MAZZILLI, SILVESTER  
1562 CROWBERRY LANE  
SEBASTIAN FL 32958**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D MAZZILLI, CAMILLE**  
STREET ADDRESS **3439 BELTAGE AVE**  
CITY-ST-ZIP **WANTAGH NY 11793**

TITLE ☒ Change ☐ Addition  
NAME **131 Alicia Drive**  
STREET ADDRESS **North Babylon NY 11703**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D MAZZILLI, FRANK**  
STREET ADDRESS **3439 BELTAGE AVE**  
CITY-ST-ZIP **WANTAGH NY 11793**

TITLE ☒ Change ☐ Addition  
NAME **131 Alicia Drive**  
STREET ADDRESS **North Babylon NY 11703**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D MALZONE, CATHERINE**  
STREET ADDRESS **8 MEADOWOOD LN**  
CITY-ST-ZIP **FARMINGDALE NY 11735**

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

TITLE ☐ Delete  
NAME **D MAZZILLI, SILVESTER**  
STREET ADDRESS **3439 BELTAGE AVE**  
CITY-ST-ZIP **WANTAGH NY**

TITLE ☒ Change ☐ Addition  
NAME **131 Alicia Drive**  
STREET ADDRESS **North Babylon NY 11703**  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Camille Mazzilli*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/1/02 631/321-5366**

CR2E034 (9/01)