

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

02-27-2002 90065 024 ***150.00

DOCUMENT # **P 97000088280**

1. Entity Name

JOSEF PRICCI & ASSOCIATES, INC.

825373

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7 VIA MIZNER - WORTH AVE.

3. Mailing Address

354 CHILIAN AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT. 5D

City & State

PALM BEACH, FL

City & State

PALM BEACH, FL

Zip

33480

Country

USA

Zip

33480

Country

USA.

4. FEI Number

58-2354360

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **JOSEF PRICCI**

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

354 CHILIAN AVE

APT. 5D

City **PALM BEACH**

FL

Zip Code **33480**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	PRESIDENT
NAME	JOSEF PRICCI
STREET ADDRESS	354 CHILIAN AVE.
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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NAME	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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 #

561-655-1424

CR2E034B (12/01)