

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90146 037 ***150.00

DOCUMENT # P98000006487

1. Entity Name

JOSEPH A. CACCAMO ATTORNEY AT LAW, P.A.

Principal Place of Business

**7509 RIDGEFIELD LANE
 LAKE WORTH FL 33467**

Mailing Address

**7509 RIDGEFIELD LANE
 LAKE WORTH FL 33467**

2. Principal Place of Business

958 Tulip Circle

Suite, Apt. #, etc.

3. Mailing Address

958 Tulip Circle

Suite, Apt. #, etc.

City & State

Weston FL

City & State

Weston FL

4. FEI Number

65-0807438

Applied For

Not Applicable

Zip

33327

Country

USA

Zip

33327

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CACCAMO, JOSEPH A
 7509 RIDGEFIELD LANE
 LAKE WORTH FL 33467**

7. Name and Address of New Registered Agent

Name

Caccamo, Joseph A.

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

958 Tulip Circle

City

Weston

FL

Zip Code

33327

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

4/22/02

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 **PSD** ☐ Delete
 NAME **CACCAMO, JOSEPH A**
 STREET ADDRESS **7509 RIDGEFIELD LANE**
 CITY-ST-ZIP **LAKEWORTH FL 33467**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☒ Change ☐ Addition
 NAME **CACCAMO, JOSEPH A**
 STREET ADDRESS **958 Tulip Circle**
 CITY-ST-ZIP **Weston, FL 33327**

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

TITLE ☐ Change ☐ Addition
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 NAME
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 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 REQUIRED
Joseph A. Caccamo, President 4/22/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/01)