

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91203 047 ***150.00

DOCUMENT # P98000006487

1. Entity Name
JOSEPH A. CACCAMO ATTORNEY AT LAW, P.A.



Principal Place of Business
**958 TULIP CIRCLE
WESTON FL 33327**

Mailing Address
**958 TULIP CIRCLE
WESTON FL 33327**

2. Principal Place of Business
4503 SW 185th Ave.
Suite, Apt. #, etc.

3. Mailing Address
4503 SW 185th Ave.
Suite, Apt. #, etc.

City & State
Miramar, FL

City & State
Miramar, FL

Zip
33029

Country

Zip
33029

Country

4. FEI Number **65-0807438**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CACCAMO, JOSEPH A
928 TULIP CIRCLE
WESTON FL 33327**

7. Name and Address of New Registered Agent

Name
Caccamo, Joseph A.

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

4503 S.W. 185th Ave.

City
Miramar

FL

Zip Code
33029

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Joseph A. Caccamo**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
CACCAMO, JOSEPH A
958 TULIP CIR.
WESTON FL 33327** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
Caccamo, Joseph A.
4503 SW 185th Avenue
Miramar, FL 33029** ☒ Change ☐ Addition

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

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF OFFICER OR DIRECTOR
Joseph A. Caccamo, President

Date

Daytime Phone #

4/17/03

954.965, 5050

CR2E034 (10/02)