

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2002 8:00 am**  
**Secretary of State**

03-04-2002 90001 031 \*\*\*150.00

**DOCUMENT # P98000076440**

**1. Entity Name**  
**RALPH PICARIELLO, INC.**

**Principal Place of Business**

**1221 SE. 10 ST**  
**DEERFIELD BCH FL 33441**

**Mailing Address**

**1221 SE. 10 ST**  
**DEERFIELD BCH FL 33441**

**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** **65-0859312**

☒ 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**

~~PICARIELLO, RALPH D~~  
~~1221 SE. 10 ST~~  
~~DEERFIELD BCH FL 33441~~

Name **PICARIELLO, RALPH D**  
Street Address (P.O. Box Number is Not Acceptable)  
**1221 S.E. 10 ST**  
City **DEERFIELD BEACH FL** Zip Code **33441**

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

**RALPH D. PICARIELLO** **2-12-02**  
(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** ☐ **\$5.00 May Be Added to Fees**  
Trust, Fund Contribution

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PSTD** ☐ Delete  
NAME **PICARIELLO, RALPH D**  
STREET ADDRESS **1221 SE 10 STREET**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE **PSTD** ☒ Change ☐ Addition  
NAME **PICARIELLO, RALPH D.**  
STREET ADDRESS **1221 SE 10 ST**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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.**

**RALPH D. PICARIELLO, PRES.**

**SIGNATURE:** *Ralph D. Picarello*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-12-02 (954) 917-0490**  
Date Daytime Phone #

CR2E034 (9/01)