

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90112 006 ***150.00

DOCUMENT # P99000019455

1. Entity Name

P. SINCORE-VIOLA, INC.

Principal Place of Business

**381 N. KROME AVE.
SUITE 207B
HOMESTEAD FL 33030**

Mailing Address

**381 N. KROME AVE.
SUITE 207B
HOMESTEAD FL 33030**

2. Principal Place of Business

2608 SE 19 CT.

3. Mailing Address

2608 SE 19 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HOMESTEAD FL

City & State

HOMESTEAD FL

4. FEI Number

59-3562640

Applied For

Not Applicable

Zip

Country

33035-1300

Zip

Country

33035-13005. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SINCORE-VIOLA, PATRICIA
381 N. KROME AVE.
SUITE 207B
HOMESTEAD FL 33030**

7. Name and Address of New Registered Agent

**Name
SINCORE-VIOLA, PATRICIA
Street Address (P.O. Box Number is Not Acceptable)
2608 SE 19 CT
City
HOMESTEAD FL Zip Code
33035**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	P	SINCORE-VIOLA, PATRICIA	381 N KROME AVE #207B HOMESTEAD FL 33030	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	P	SINCORE-VIOLA, PATRICIA	2608 SE 19 CT. HOMESTEAD, FL 33035-1300	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

PATRICIA SINCORE-VIOLA
PATRICIA SINCORE-VIOLA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)