

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 22, 2002 8:00 am**  
**Secretary of State**

09-22-2002 90059 022 \*\*\*150.00

**DOCUMENT # P99000059980**

1. Entity Name  
**CACACE STUDIO, INC.**

Principal Place of Business

**140A NW 11 STREET  
 BOCA RATON FL 33432**

Mailing Address

**140A NW 11 STREET  
 BOCA RATON FL 33432**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**135 E. Atlantic Ave.**

3. Mailing Address

**P.O. Box 2136**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Delray Beach**

City & State

**Delray Beach, FL**

4. FEI Number

**65-0933592**

Applied For

Not Applicable

Zip

**33444**

Country

**Palm Beach**

Zip

**33447**

Country

**Palm Beach**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CACACE, VINCENT J  
 140A NW 11 STREET  
 BOCA RATON FL 33432**

*Address has changed. Please see below.*

7. Name and Address of New Registered Agent

Name

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

**~~420 NE 36th St.~~**

City

**~~Boca Raton~~**

FL

Zip Code

**~~33431~~**

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CACACE, VINCENT J</b>	
STREET ADDRESS	<b>140 A NW 11 ST</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>CACACE, VINCENT J</b>	
STREET ADDRESS	<b>140 NW 11 ST</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>CACACE, VINCENT J</b>	
STREET ADDRESS	<b>140 A NW 11 ST</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>CACACE, VINCENT J</b>	
STREET ADDRESS	<b>140 A 11 ST</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>420 NE 36th St.</b>	
CITY-ST-ZIP	<b>Boca Raton, FL 33431</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>420 NE 36th St.</b>	
CITY-ST-ZIP	<b>Boca Raton, FL 33431</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>420 NE 36th St.</b>	
CITY-ST-ZIP	<b>Boca Raton, FL 33431</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>420 NE 36th St.</b>	
CITY-ST-ZIP	<b>Boca Raton, FL 33431</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 IKA empowered.

SIGNATURE:

*SIGNATURE OF VINCENT J. CACACE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

87 3230

# P99000059980

September 18, 2002

Florida Department of State  
Division of Corporations  
Annual Report/ Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Cacace Studio, Inc.

To whom it may concern;

Please find enclosed your application for reinstatement of Cacace Studio, Inc. I have enclosed a check for \$150 which is the amount of the renewal fee. I respectfully request that you accept this payment and reinstate my corporation. It appears that I did not receive the annual report when it was originally mailed to me and this is the reason that the report was not timely filed.

I am extremely sorry for any inconvenience this may cause you, but feel that it is only fair that you reinstate my corporation without payment of the reinstatement fee in light of the circumstances.

Sincerely,



Vincent J. Cacace, President