

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072980

1. Entity Name

ARCHITECTURAL VISIONS OF BOCA RATON INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90040 010 ***150.00

Principal Place of Business

1788 N.W. MADRID WAY
 BOCA RATON FL 33432

Mailing Address

1788 N.W. MADRID WAY
 BOCA RATON FL 33432-1748

2. Principal Place of Business

10851 KING BAY DR.

3. Mailing Address

10851 KING BAY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Boca Raton FL

City & State
 Boca Raton FL

4. FEI Number
 65-0949990

Applied For
 Not Applicable

Zip
 33498 Country
 USA

Zip
 33498 Country
 USA

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

PICCOLO, SNOW E
 5901 TOWN BAY DR., #833
 BOCA RATON FL 33486

Name

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

10851 KING BAY DR

City Boca Raton FL Zip Code 33498

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 PICCOLO, SNOW E
 5901 TOWN BAY DR., #813
 BOCA RATON FL 33486 ☐ Delete

TITLE
 NAME
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 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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 PICCOLO, SNOW E.
 10851 KING BAY DR.
 Boca Raton FL 33498 ☐ Delete

TITLE
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☐ Change ☐ Addition

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 CITY-ST-ZIP
☐ Change ☐ Addition

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:

SNOW E. PICCOLO

42700 5615580188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)