

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90399 004 ***150.00

7/0117788 AV

DOCUMENT # P99000101303

1. Entity Name
LA FAMIGLIA, INC.

Principal Place of Business
**214 WEST COCOA BEACH CAUSEWAY
 COCOA BEACH FL 32931**

Mailing Address
**214 WEST COCOA BEACH CAUSEWAY
 COCOA BEACH FL 32931**

2. Principal Place of Business

3. Mailing Address
2330 N WICKHAM RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.
16

City & State

City & State
MELBOURNE

Zip

Country

Zip
32935-8164

Country
BREVAUD

4. FEI Number
59-3616388

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**CERQUA, MAUREEN J
 214 WEST COCOA BEACH CAUSEWAY
 COCOA BEACH FL 32931**

7. Name and Address of New Registered Agent

Name **STEPHEN CERQUA JR**
 Street Address (P.O. Box Number is Not Acceptable)
2330 N Wickham Rd STE 16
 City **Melbourne** FL Zip Code **32935-8164**

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 STEPHEN CERQUA JR Stephen Cerqua Jr 4/25/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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	PD	<input type="checkbox"/> Delete
NAME	CERQUA, MAUREEN J	
STREET ADDRESS	1905 SYKES CREEK DRIVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CERQUA, STEPHEN SR.	
STREET ADDRESS	1305 ARLINGTON CIRCLE	
CITY-ST-ZIP	MERRITT ISLAND FL 32952-5404	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MARKWITH, ROBERT C	
STREET ADDRESS	107 S. INDIAN CIRCLE	
CITY-ST-ZIP	COCOA FL 32922-6919	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CERQUA, STEPHEN JR.	
STREET ADDRESS	1905 SYKES CREEK DR.	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHEN CERQUA JR	
STREET ADDRESS	1905 Sykes Cr Dr	
CITY-ST-ZIP	Merritt Isl FL 32953	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAUREEN CERQUA	
STREET ADDRESS	1905 Sykes Cr Dr	
CITY-ST-ZIP	Merritt Isl FL 32953	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

5/1/2002

321-253-2280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)