

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S68937**

1. Entity Name

ASSOCIATED ENVELOPE CORPORATION OF FLORIDA, INC.**FILED**
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90060 049 ***150.00

Principal Place of Business

**1498 S.W. 4TH CT.
BOCA RATON FL 33432**

Mailing Address

**1498 S.W. 4TH CT.
BOCA RATON FL 33432**

2. Principal Place of Business

1351 WYNDOCLIFF DRIVE

3. Mailing Address

1351 WYNDOCLIFF DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WELLINGTON, FLORIDA

City & State

WELLINGTON, FLORIDA

Zip

33414

Country

USA

Zip

33414

Country

USA

4. FEI Number

65-0280639

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**VECCHIO, JOSEPH A JR.
2929 E. COMMERCIAL BLVD.
BARNETT BANK TOWER, PENTHOUSE SUITE A
FT. LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2001 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	COLUCCI, CAROL	
STREET ADDRESS	1498 SW 4TH CT	
CITY-ST-ZIP	BOCA RATON FL 33432	

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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1351 WYNDOCLIFF DRIVE	
CITY-ST-ZIP	WELLINGTON, FLORIDA 33414	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD COLUCCI	
STREET ADDRESS	1351 WYNDOCLIFF DR	
CITY-ST-ZIP	WELLINGTON, FL 33414	

TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANET CONYETTE	
STREET ADDRESS	1277 PINETTA CIRCLE	
CITY-ST-ZIP	WELLINGTON, FL 33414	

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: *Carol A. Colucci* **CAROL A. Colucci**

3/31/01

561-784-3726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0302702