

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V72449

1. Entity Name

A. FIORE & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

13721 S.W. 13TH ST.
MIAMI FL 33184-2702
US

13721 S.W. 13TH ST.
MIAMI FL 33184-2702

2. Principal Place of Business

921 SW. 122nd AVENUE

3. Mailing Address

921 SW. 122nd AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI - FL

City & State

MIAMI - FL.

Zip

33184

Country

US

Zip

33184

Country

US

6. Name and Address of Current Registered Agent

FIORE, ANTONIO
13721 S.W. 13TH ST.
MIAMI FL 33184-2702

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	PST	<input type="checkbox"/> Delete
NAME	FIORE, ANTONIO	
STREET ADDRESS	13721 S.W. 13TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FIORE, ANTONIO	
STREET ADDRESS	13721 S.W. 13TH ST.	
CITY-ST-ZIP	MIAMI FL	
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	921 SW. 122 nd AVE.	
CITY-ST-ZIP	MIAMI FL. 33184	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	921 SW. 122 nd AVE.	
CITY-ST-ZIP	MIAMI FL. 33184	
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:

Antonio Fiore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-08-01

Date

305 221 3040

Daytime Phone #

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90082 027 ***150.00

C0003874



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)