

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90136 033 ****61.25

DOCUMENT # N99000005068

1. Entity Name

CASA JACINTA AND FRANCISCO, INC.

Principal Place of Business

Mailing Address

7524 SAN MIGUEL WAY
 NAPLES FL 34109

7524 SAN MIGUEL WAY
 NAPLES FL 34109-7162

6 1 0 0 1 0

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

4. FEI Number

Applied F

Not Appli

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

LOMBARDI, JEANETTE M
 5801 PELICAN BAY BLVD., SUITE 300
 NAPLES FL 34108

Name

Diana Thirion

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

7524 San Miguel Way

City

Naples

FL

Zip Code

34109

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

Diana Thirion

Diana Thirion

2/10/00

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	THRION, DIANA	
STREET ADDRESS	7524 SAN MIGUEL WAY	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOCERA, JOHN	
STREET ADDRESS	938 4TH AVENUE NORTH	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	<input type="checkbox"/> Delete
NAME	CESAR, MONSIGNOR	
STREET ADDRESS	ARZOBISPANO DE LEON	
CITY-ST-ZIP	BOSCO VIVAS ROBELO NICARGUA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GODUTI, FRED	
STREET ADDRESS	1401 HUMMING BIRD LANE	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	D	<input type="checkbox"/> Delete
NAME	GODUTI, BARBARA	
STREET ADDRESS	1401 HUMMING BIRD LANE	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> A
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> A
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Diana Thirion

2/10/00

941-594-15

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #