

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000050720

1. Entity Name

VICANZA ENTERPRISES, INC.

**FILED**  
**Jun 07, 2000 8:00 am**  
**Secretary of State**

06-07-2000 90431 021 \*\*\*150.00

Principal Place of Business

Mailing Address

13813 SOUTH WEST 281 ST.  
 HOMESTEAD FL 33033

13813 SOUTH WEST 281 ST.  
 HOMESTEAD FL 33033-5738

2. Principal Place of Business

3. Mailing Address

937 Vineridge Run

937 Vineridge Run

Suite, Apt. #, etc.

Apt # 202

Suite, Apt. #, etc.

Apt # 202

City & State

Altamonte Springs, FL

City & State

Altamonte Springs, FL

4. FEI Number

65-0760285

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip 32714

Country U.S.A.

Zip 32714

Country U.S.A.



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZAMORA, JOSE A  
 13813 SOUTH WEST 281 ST.  
 HOMESTEAD FL 33033

Name

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

937 Vineridge Run Apt # 202

City Altamonte Springs,

FL

Zip Code 32714

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAMORA, JOSE A	NAME	
STREET ADDRESS	13813 SOUTH WEST 281 ST.	STREET ADDRESS	937 Vineridge Run Apt # 202
CITY-ST-ZIP	HOMESTEAD FL 33033	CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* 6/5/00

Date

Daytime Phone #

CR2E034 (9/99)