

2000 UNIFORM BUSINESS REPORT (UBR)

10f2

DOCUMENT # P99000041543
 Entity Name
FRANCAVILLA CORPORATION

FILED
 00 OCT 23 PM 12:24
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
~~4700 N. STATE ROAD #221 FT. LAUDERDALE, FL~~ ~~4700 N. STATE ROAD #221 FT. LAUDERDALE, FL~~

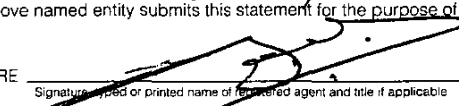
2. Principal Place of Business 3. Mailing Address
 2825 N. UNIVERSITY DR. 2825 N. UNIVERSITY DR.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 410 #410

City & State City & State
 CORAL SPRINGS, FL CORAL SPRINGS, FL
 Zip Country Zip Country
 33065 USA 33065 USA

4. FEI Number Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 JUAN CARLOS BONZANO
 4700 N. STATE ROAD #221
 FT. LAUDERDALE, FL

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 2825 NORTH UNIVERSITY DR.
 #410
 City CORAL SPRINGS FL Zip Code 33065

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  DATE 10-16-00
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 | |
|----------------------------|------------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | JUAN CARLOS BONZANO |
| STREET ADDRESS | 4700 N. STATE ROAD #221 |
| CITY-ST-ZIP | FT. LAUDERDALE, FL |
| TITLE | <input type="checkbox"/> Delete |
| NAME | SILVANA POLINESI |
| STREET ADDRESS | 4700 N. STATE ROAD #221 |
| CITY-ST-ZIP | FT. LAUDERDALE, FL |
| 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 | 2825 N. UNIVERSITY DR. #410 |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33065 |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 2825 N. UNIVERSITY DR. #410 |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33065 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 000003456030--0 |
| CITY-ST-ZIP | -11/07/00--01116--018 |
| | ***150.00 ***150.00 |
| 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:  DATE 10-16-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2000

PLEASE NOTE I HAVE BEEN
OUT OF THE COUNTRY SINCE
JANUARY, ALSO HAD A
CHANGE OF ADDRESS. NEVER
RECEIVED REPORTS TO
RENEW CORPORATION.

PLEASE ACCEPT MY \$150.00
FOR RENEWEC.

THANK YOU.