

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 18, 2003 8:00 am**  
**Secretary of State**

02-18-2003 90099 036 \*\*\*150.00

**DOCUMENT # P99000041543**



1. Entity Name  
**FRANCAVILLA CORPORATION**

Principal Place of Business  
**9130 S. DADELAND BLVD  
SUITE 1504  
MIAMI FL 33156**

Mailing Address  
**9130 S. DADELAND BLVD  
SUITE 1504  
MIAMI FL 33156**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0941114**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BONZANO, JUAN CARLOS  
2825 N. UNIVERSITY DR.  
#410  
CORAL SPRINGS FL 33065**

Name **BONZANO, JUAN CARLOS**  
Street Address (P.O. Box Number is Not Acceptable)  
**954 WINDWARD WAY**  
City **WESTON** FL Zip Code **33327**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BONZANO, JUAN CARLOS</b>	
STREET ADDRESS	<b>2825 N. UNIVERSITY DR. #410</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>POLINESI, SILVANA</b>	
STREET ADDRESS	<b>2825 N. UNIVERSITY DR., #410</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>954 WINDWARD WAY</b>	
STREET ADDRESS	<b>WESTON, FL. 33327</b>	
CITY-ST-ZIP	<b>WESTON, FL. 33327</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>954 WINDWARD WAY</b>	
STREET ADDRESS	<b>WESTON, FL. 33327</b>	
CITY-ST-ZIP	<b>WESTON, FL. 33327</b>	
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		

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SILVANA POLINESI** **JUAN CARLOS BONZANO** 01-23-03 954-907-5027  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)