

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 544691

1. Entity Name

THETA CORPORATION

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90104 028 \*\*\*150.00

Principal Place of Business

7894 MANOR FOREST BLVD.  
BOYNTON BEACH FL 33462  
US

Mailing Address

PO BOX 6987  
LAKE WORTH FL 33466-6987  
US

2. Principal Place of Business

3. Mailing Address

7894 MANOR FOREST BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOYNTON BEACH, FL

Zip

Country

Zip

Country

33436

USA

4. FEI Number

59-1916648

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAPIO, ANTILLA  
7894 MANOR FOREST BLVD.  
BOYNTON BEACH FL 33462

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, 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

| TITLE | NAME             | STREET ADDRESS          | CITY-ST-ZIP        | DELETE                   | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | CHANGE                   | ADDITION                 |
|-------|------------------|-------------------------|--------------------|--------------------------|-------|------|----------------|-------------|--------------------------|--------------------------|
| PDS   | ANTILLA, V TAPIO | 7894 MANOR FOREST BLVD. | BOYNTON BEACH FL   | <input type="checkbox"/> |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
| VD    | ANTILLA, AIRA    | 7894 MANOR FOREST BLVD. | BOYNTON BEACH FL   | <input type="checkbox"/> |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
| TD    | ANTILLA, VESA    | 8125-B SEDGEWICK CT.    | WEST PALM BEACH FL | <input type="checkbox"/> |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
|       |                  |                         |                    | <input type="checkbox"/> |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
|       |                  |                         |                    | <input type="checkbox"/> |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
|       |                  |                         |                    | <input type="checkbox"/> |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
|       |                  |                         |                    | <input type="checkbox"/> |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TAPIO, ANTILLA  
PRESIDENT

1/17/2000

Date

Daytime Phone #

(561) 642-9194

CR2E034 (9/99)