

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 616781

1. Entity Name

AVILA REALTY, INC.

FILED

00 FEB -3 PM 3: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

15436 N.FLORIDA AVE..#101
P.O. BOX 270603
TAMPA FL 33613-1225

Mailing Address

15436 N.FLORIDA AVE..#101
P.O. BOX 270603
TAMPA FL 33613-1225

2. Principal Place of Business

15436 N. FLORIDA AVE

Suite, Apt. #, etc.

200 (SUITE)

City & State

TAMPA FL

Zip

33613

Country

HILLSBOROUGH

3. Mailing Address

15436 N. FLORIDA AVE.

Suite, Apt. #, etc.

200 (SUITE)

City & State

TAMPA FL

Zip

33613

Country

HILLSBOROUGH



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1904278

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIERRA, JOHN ROBERT JR
15436 N FLA AVE SUITE 101
SUITE 101
TAMPA FL 33613

7. Name and Address of New Registered Agent

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

TITLE	PDST	<input type="checkbox"/> Delete
NAME	SIERRA, JOHN R JR	
STREET ADDRESS	15436 N FLA. AVE.	
CITY-ST-ZIP	TAMPA, FL 0	
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 type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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****150.00 ****150.00

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:

SIERRA, JOHN ROBERT JR

SIERRA JR PM 1/22/00

813-962-0448

Date

Daytime Phone #

KE