

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000028220

1. Entity Name

PARTENIUM HOMES, INC.

Principal Place of Business

7859 GOLDEN POND CT
KISSIMMEE FL 34747

Mailing Address

1025 S SEMORAN BLVD STE 1093
WINTER PARK FL 32792

2. Principal Place of Business

7959 GOLDEN POND CT.
Suite, Apt. #, etc.
KISSIMMEE, FL.

City & State
34747

Zip
Country
OSCEOLA

3. Mailing Address

7959 GOLDEN POND CT.
Suite, Apt. #, etc.
KISSIMMEE, FL.

City & State
34747

Zip
Country
OSCEOLA

FILED
Jan 07, 2002 8:00 am
Secretary of State

01-07-2002 90005 044 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3733788

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NAPOLITANO, MASSIMO
7959 GOLDEN POND CT
KISSIMMEE FL 34747

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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NAPOLITANO, MASSIMO
7959 GOLDEN POND CT
KISSIMMEE FL 34747 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ABECIA, MIKEL
2614 STAR LAKE VIEW DRIVE
KISSIMMEE FL 34747 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 REQUIRED MASSIMO NAPOLITANO 01/04/02

Date

Daytime Phone #

CR2E034 (9/01)