

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 101000053496

1. Entity Name

VILLA RIVA INC
10073 ADAMO DR
TAMPA, FL 33619



FILED

03 JUL 24 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10073 ADAMO DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

County

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Philip J. TESTA

Street Address (P.O. Box Number is Not Acceptable)

4726-B N. COIS AVE

City TAMPA

FL

Zip Code 33611

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D. ANTONIO LAURO
10073 ADAMO DR.
TAMPA, FL 33619

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

000021764770
07/24/03--01057--001 **150.00

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

LIANA LAURO
10073 ADAMO DR.
TAMPA, FL 33619

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-17-03 813-654-6449

Date

Daytime Phone #

CR2E034B (12/02)

P.J.T.

P.J. TESTA - ACCOUNTANT

P. O. BOX 4562
TAMPA, FLORIDA 33677

JUNE 20, 2003

SECRETARY OF STATE
DIVISION OF CORPORATION
P. O. BOX 6327
TALLAHASSEE, FLORIDA 32314

RE: ~~VILLA RINA, INC.~~
P01000053496
UBR FORM 2003

DEAR SIR:

THE ABOVE REFERENCED COMPANY DID NOT RECEIVE A UBR FORM THIS YEAR TO RENEW ITS CORPORATE STATUS. AFTER SPEAKING TO ONE OF YOUR REPRESENTATIVES, I WAS INSTRUCTED TO CONTACT YOU EXPLAINING THAT THE FORM WAS NOT RECEIVED AND ATTACH A CHECK IN THE AMOUNT OF \$150.00 SO THAT THIS COMPANY DOES NOT LOSE ITS CORPORATE STATUS.

PLEASE FIND SAID CHECK AND THANK YOU FOR YOUR COOPERATION IN THIS MATTER.

SINCERELY,



P. J. TESTA
ACCOUNTANT