

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 05, 2002 8:00 am
Secretary of State

08-05-2002 90003 001 ***150.00

DOCUMENT # P01000094463

1. Entity Name
LUIZZI ENTERPRISE, CORP.

Principal Place of Business
**3123 SEMORAN BL APT 293
ORLANDO FL 32822**

Mailing Address
**3123 SEMORAN BL APT 293
ORLANDO FL 32822**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3748887

Applied For

Not Applicable

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

BATISTA, ILSON

**3123 SEMORAN BL APT 293
ORLANDO FL 32822**

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. 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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
PRES. ILSON BATISTA
3123 S. SEMORAN BL. #293
ORLANDO, FL. 32822

☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Delete

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/02
Date

407-382-5055
Daytime Phone #

CR2E034 (4/02)

Attachment
972506

Luizzi Enterprise, Corp.
3123 Semoran Blvd., Apt. 293
Orlando, FL 32822
(407) 382-5505

July 21, 2002

DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

Ref. Document # P01000094463

Dear Sirs:

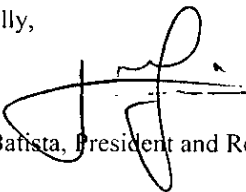
Today we have received the second notice of our Uniform Business Report in the amount of \$550.00. We have called the office of the Florida Department of State and your representative explained to us that you have sent the report but apparently it was returned by the post office.

According to your instructions, and in lieu of the previous report, we are sending the report with the check in the amount of \$150.00 to substitute our previous annual report that apparently was lost in the mail.

I respectfully request the consideration of filing my UBR on time since we never received the UBR before. We apologize for any inconvenience.

Thank you for your cooperation.

Cordially,


Ilson Batista, President and Resident Agent