AMENDMENT

6/1

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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*****88.75 *****88.75

38559

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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000110720

1. Entity Name

Villa Parma Inc.

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2. Principal Place of Business	3. Mailing Address
11005 S. Ocean Ave	11005 S Ocean Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Jensen Beach, FL	Jensen Beach, FL
City & State	City & State
Jensen Beach, FL	Jensen Beach, FL
Zip: 34957 Country: ST LUCIE	Zip: 34957 Country: ST LUCIE

4. FEI Number: 65-1153633 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Kenneth R. Cooper

Street Address (P.O. Box Number is Not Acceptable): 4249 Delmora Court

City: Palm Beach Gardens FL Zip Code: 33418

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: X Kenneth R. Cooper 6/5/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P
NAME	Kenneth R. Cooper
STREET ADDRESS	4249 Delmora Court
CITY-ST-ZIP	Palm Beach Gardens, FL 3341
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VP-T
NAME	Gerald A. Grzunov
STREET ADDRESS	4249 Delmora Court
CITY-ST-ZIP	Palm Beach Gardens, FL 3341
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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

SIGNATURE: X Gerald A. Grzunov 6/05/02 (561) 714-1038
SIGNATURE AND TYPED OR PRINTED NAME OF ENTERING OFFICER OR DIRECTOR Date Daytime Phone #

ps 8/14/02