

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90967 026 ***150.00

DOCUMENT # P02000127528

1. Entity Name

BIANCHI'S MOLDING, INC.



Principal Place of Business

2603 N. 49TH AVENUE
ST. PETERSBURG FL 33714
US

Mailing Address

7802 KINGSPONTE PARKWAY
SUITE #207-B
ORLANDO FL 32819
US

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

13-4224512

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PEROTTI, CAROLINA
7802 KINGSPONTE PARKWAY
SUITE #207-B
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name

J-A-O Services, Inc.

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

7802 Kingspointe Pkwy

Suite #207-B

City

Orlando

FL

Zip Code

32819

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 date of signature

(NOTE: Registered Agent signature required when reinstating)

2/20/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME BIANCHI, JESUS A
STREET ADDRESS 2603 N. 49TH AVENUE
CITY-ST-ZIP ST. PETERSBURG FL 33714

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

TITLE VP ☐ Delete
NAME BIANCHI, JESUS ALBERTO
STREET ADDRESS 2603 N. 49TH AVENUE
CITY-ST-ZIP ST. PETERBURG FL 33714

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

TITLE S ☐ Delete
NAME AMARO, MANUEL
STREET ADDRESS 2603 N. 49TH AVENUE
CITY-ST-ZIP ST. PETERSBURG FL 33714

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Manuel Amaro

Date

2/28/03

Daytime Phone #

407-9245516

CR2E034 (10/02)