

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90416 045 \*\*\*150.00

**DOCUMENT # P96000005583**

1. Entity Name  
**CHRONOLOGICAL ARCHITECTURAL ART CORP.**



Principal Place of Business  
**376 PATRICIA AVE  
DUNEDIN FL 34698**

Mailing Address  
**376 PATRICIA AVE  
DUNEDIN FL 34698**

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 **59-3359000**

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

7. Name and Address of New Registered Agent

**CINTRON, TERESA  
751 MARJON AVE  
DUNEDIN FL 34698**

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

**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 **COLOMBO, MASSIMO**  
STREET ADDRESS **486 OLD CIRCLE**  
CITY-ST-ZIP **PALM HARBOR FL 34683**

☐ Change ☐ Addition

TITLE **VP** ☐ Delete  
NAME **CINTRON, TERESA**  
STREET ADDRESS **751 MARJON AVE**  
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **CINTRON, TERESA**  
STREET ADDRESS **751 MARJON AV**  
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **TS** ☐ Delete  
NAME **CAIAZZA, BIAGIO**  
STREET ADDRESS **2700 BAYSHORE BLVD., #6308**  
CITY-ST-ZIP **DUNEDIN FL 34698**

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Y. Steiner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/6/03 727 410 9750**  
Date Daytime Phone #

CR2E034 (10/02)