

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000037460

1. Entity Name

DE FAZIO VILLA D'ESTE HOLDING CORP.



Principal Place of Business

1154-83RD STREET
BROOKLYN NY 11228

Mailing Address

1154-83RD STREET
BROOKLYN NY 11228

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

11-2290276

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

LASALLE, THOMAS L
5353 NORTH FEDERAL HIGHWAY, SUITE 405
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

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, 2004 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

TITLE P ☐ Delete
NAME DE FAZIO, LAURENCE
STREET ADDRESS 1154-83RD STREET
CITY-ST-ZIP BROOKLYN NY 11228

TITLE VP ☐ Delete
NAME DEFAZIO, GIOVANNA
STREET ADDRESS 1154-83RD STREET
CITY-ST-ZIP BROOKLYN NY 11228

TITLE D ☐ Delete
NAME DE FAZIO, MARK
STREET ADDRESS 1154 83RD ST
CITY-ST-ZIP BROOKLYN NY 11228

TITLE D ☐ Delete
NAME DE FAZIO, GREGORY
STREET ADDRESS 1154 83RD ST.
CITY-ST-ZIP BROOKLYN NY 11228

TITLE D ☐ Delete
NAME DE FAZIO, ANDREW
STREET ADDRESS 1154 83RD ST.
CITY-ST-ZIP BROOKLYN NY 11228

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000062738
CITY-ST-ZIP 02/23/04-80133-012 150.00

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

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

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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

Date

Daytime Phone #