

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90133 015 ***150.00

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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

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P DE FAZIO, LAURENCE 1154-83RD STREET BROOKLYN NY 11228	<input type="checkbox"/>		
VP DEFAZIO, GIOVANNA 1154-83RD STREET BROOKLYN NY 11228	<input type="checkbox"/>		
D DE FAZIO, MARK 1154 83RD ST BROOKLYN NY 11228	<input type="checkbox"/>		
D DE FAZIO, GREGORY 1154 83RD ST. BROOKLYN NY 11228	<input type="checkbox"/>		
D DE FAZIO, ANDREW 1154 83RD ST. BROOKLYN NY 11228	<input type="checkbox"/>		
	<input type="checkbox"/>		

CR2E034 (10/02)

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LAURENCE
DE FAZIO**

Date

Daytime Phone #

1-13-03