

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000079339**

Entity Name

MICHELLE FAVA CAPITANO, P.A.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90073 034 ***150.00

Principal Place of Business

**1302 N 19TH STREET
SUITE 300
TAMPA FL 33605
US**

Mailing Address

**POST OFFICE BOX 75141
TAMPA FL 33675**

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3409796

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**CAPITANO, MICHELLE FAVA ESQUIRE
1302 N 19TH STREET
SUITE 300
TAMPA FL 33605**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1. OFFICERS AND DIRECTORS

FILE NAME STREET ADDRESS CITY-ST-ZIP	M CAPITANO, MICHELLE F ESQ. 1302 N 19TH STREET STE 300 TAMPA FL 33605 <input type="checkbox"/> Delete
FILE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
FILE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
FILE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
FILE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
FILE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michelle Fava Capitano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michelle Fava Capitano 2/5/02 (813) 241-2097
Date Daytime Phone #

CR2E034 (9/01)