

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000028515

1. Entity Name

VIZCAYA ON THE GREEN, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90212 030 ***150.00

Principal Place of Business

Mailing Address

6261 NW 6 WAY
STE 103
FORT LAUDERDALE FL 33309
US

PO BOX 936467
MARGATE FL 33093-6467
US

2. Principal Place of Business

3. Mailing Address

4130 W Palm Aire Dr 301 A

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Pompano Beach FL

Zip

Country

Zip

Country

333069

4. FEI Number

65-0741136

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENSON, JOHN D ESQ
6261 N.W. 6 WAY
SUITE 103
FORT LAUDERDALE FL 33309

Name

Edward Tronco

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

4130 W Palm Aire Dr 301 A

City

Pompano Beach

FL

Zip Code

33369

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.

SIGNATURE

Edward Tronco

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

(NOTE: Registered Agent signature required when reinstating)

March 29, 2000

DATE

9. 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, 2000 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T ☐ Delete
NAME TRONCO, EDWARD
STREET ADDRESS 4130 W PALM AIRE DR #301 A
CITY-ST-ZIP POMPANO BEACH FL 33069

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

P ☐ Delete
NAME TRONCO, RITA
STREET ADDRESS 4130 W PALM AIRE DR #301 A
CITY-ST-ZIP POMPANO BEACH FL 33069

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

V ☒ Delete
NAME ALBERT, PETER A
STREET ADDRESS PO BOX 93-4904
CITY-ST-ZIP MARGATE FL 33093

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

☐ Delete
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☐ Change ☐ Addition
TITLE
NAME
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CITY-ST-ZIP

13. 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:

Edward Tronco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 29, 2000

Date

Daytime Phone #

CR2E034 (9/99)