

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

018279 AV

DOCUMENT # P97000028515

1. Entity Name

VIZCAYA ON THE GREEN, INC.

04-15-2002 90073 024 ***150.00

Principal Place of Business

4130 W PALM AIRE DR
 301 A
 POMPANO BEACH FL 33069
 US

Mailing Address

4130 W. PALMAIRE DR.
 301A
 POMPANO BEACH FL 33069
 US

2. Principal Place of Business

3900 GALT OCEAN DR

3. Mailing Address

3900 GALT OCEAN DR

Suite, Apt. #, etc.

1506

Suite, Apt. #, etc.

1506

City & State

FT Lauderdale FL

City & State

FT Lauderdale FL

Zip

33308

Country

Zip

33308

Country

4. FEI Number

65-0741136

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TRONCO, EDWARD

4130 W PALM AIRE DR

301 A

POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name

TRONCO, Edward

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

3900 GALT OCEAN DR

1506

City

FT. Lauderdale

FL

Zip Code

33308

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 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

11. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	TRONCO, EDWARD	
STREET ADDRESS	4130 W PALM AIRE DR #301 A	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	P	<input type="checkbox"/> Delete
NAME	TRONCO, RITA	
STREET ADDRESS	4130 W PALM AIRE DR #301 A	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRONCO, EDWARD	
STREET ADDRESS	3900 GALT OCEAN DR 1506	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRONCO RITA	
STREET ADDRESS	3900 GALT OCEAN DR 1506	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)