

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000038779

1. Entity Name

DUVO TRADING, INC.

NATIONS BANK CHECK # 1037-8 150.00

Principal Place of Business

2273 KETTLE DR.
ORLANDO FL 32835

Mailing Address

2273 KETTLE DR.
ORLANDO FL 32835-8131

2. Principal Place of Business

1212 S. HIAWASSEE RD #521

3. Mailing Address

1212 S. HIAWASSEE RD # 521

Suite, Apt. #, etc.

APT 521

Suite, Apt. #, etc.

APT. 521

City & State

ORLANDO - FL

City & State

ORLANDO - FL

Zip

32835

Country

U.S.A.

Zip

32835

Country

U.S.A.

6. Name and Address of Current Registered Agent

BRUMER, BARRY N
5728 MAJOR BLVD., STE. 211
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name EDGARD A. MALAGONI
Street Address (P.O. Box Number is Not Acceptable)
1212 S. HIAWASSEE RD APT # 521
ORLANDO
City ORLANDO FL Zip Code 32835

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

03-23-2000

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

TITLE	P	<input type="checkbox"/> Delete
NAME	MALAGONI, EDGARD A	
STREET ADDRESS	2273 KETTLE DR.	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	V	<input type="checkbox"/> Delete
NAME	MALAGONI, REYNALDO J	
STREET ADDRESS	2273 KETTLE DR.	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	TS	<input type="checkbox"/> Delete
NAME	BRISQUILLIARI, ANDREA S	
STREET ADDRESS	2273 KETTLE DR.	
CITY-ST-ZIP	ORLANDO FL 32835	
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	<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	
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:

EDGARD A. MALAGONI PRESIDENT

3-23-00

407-291-0609

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 19/99