

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90307 016 ***150.00

A0061884

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000038797

1. Entity Name

ESTIA ASSOCIATION, INC

Principal Place of Business

Mailing Address

3087 LAKE WORTH ROAD P.O. BOX 15268
LAKE WORTH, FL 33461 WPB, FL 33416

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

65-0809862

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

ABBONDANZIO, GIOVANNI A.
3087 LAKE WORTH ROAD
LAKE WORTH, FLORIDA 33461

Name

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

6812 NORTHWEST 2ND STREET

City

MARLATE, FL

FL

Zip Code

33063

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, 2001 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

TITLE ☐ Delete
NAME P. ABBONDANZIO, GIOVANNI A.
STREET ADDRESS 3087 LAKE WORTH, ROAD
CITY-ST-ZIP LAKE WORTH, FLORIDA 33461

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6812 NORTHWEST 2ND STREET
CITY-ST-ZIP MARLATE, FLORIDA 33063

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 another I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GIOVANNI A. ABBONDANZIO 4/21/01 954-974-5061

Date

Daytime Phone #

CR2E034 (1/1/00)