

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000045711

Entity Name
PANORAMIC VIEW RS, INC.

FILED
May 17, 2000 8:00 am
Secretary of State
05-17-2000 90968 003 ***150.00

Principal Place of Business
S KIRKMAN RD
114
FL 32811

Mailing Address
4304 S KIRKMAN RD
APT 114
ORLANDO FL 32835-2276
US

B0094824



DO NOT WRITE IN THIS SPACE

Principal Place of Business
6133 RALEIGH Street
Suite, Apt. #, etc.
907
City & State
ORLANDO - FL.
Zip
32835
Country
USA

3. Mailing Address
6133 RALEIGH Street
Suite, Apt. #, etc.
907
City & State
ORLANDO FL.
Zip
32835
Country
USA

4. FEI Number **59-3447737**
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75-Additional Fee Required

6. Name and Address of Current Registered Agent
LAZZO, VIOLETA M
4304 S KIRKMAN RD
APT 114
ORLANDO FL 32811

7. Name and Address of New Registered Agent
Name **SAME**
Street Address (P.O. Box Number is Not Acceptable)
6133 RALEIGH Street
APT 907
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 _____

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		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAZZO, VIOLETA M		NAME	6133 RALEIGH Street #907	
STREET ADDRESS	4304 S KIRKMAN RD APT 114		STREET ADDRESS	ORLANDO, FL 32835	
CITY-ST-ZIP	ORLANDO FL 32811		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GIROLA, CARLOS M		NAME	6133 RALEIGH Street #907	
STREET ADDRESS	4304 S KIRKMAN RD APT 114		STREET ADDRESS	ORLANDO, FL 32835	
CITY-ST-ZIP	ORLANDO FL 32811		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 **4-26-00** Daytime Phone # **407 578 8889**

CR2E034 (9/99)