

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P97000099442**

1. Entity Name  
**LANTANA IMPORTS, INC.**

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90003 026 \*\*\*150.00

Principal Place of Business      Mailing Address  
**335 MOCKINGBIRD LANE**      **335 MOCKINGBIRD LANE**  
**BAYS 13015**      **BAYS 13-15**  
**LANTANA FL 33462**      **LANTANA FL 33462-1743**  
**US**      **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State

4. FEI Number **65-0796694**      Applied For  
Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**DUBROW DUKER & ASSOCIATES, P.A.**  
**2832 UNIVERSITY DRIVE**  
**CORAL SPRINGS FL 33065**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BEVELL, JAMES</b>
STREET ADDRESS	<b>1212 19TH AVE N</b>
CITY-ST-ZIP	<b>LAKE WORTH FL 33460</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>BEVELL, MARY M.</b>
STREET ADDRESS	<b>1212 19TH AVE N</b>
CITY-ST-ZIP	<b>LAKE WORTH FL 33460</b>
TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>ROMANO, JOHN N</b>
STREET ADDRESS	<b>14 DOGWOOD CR.</b>
CITY-ST-ZIP	<b>LANTANA FL 33462</b>
TITLE	<b>VT</b> <input type="checkbox"/> Delete
NAME	<b>ROMANO, VICTORIA J</b>
STREET ADDRESS	<b>14 DOGWOOD CR.</b>
CITY-ST-ZIP	<b>LANTANA FL 33462</b>
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"/> 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BEH, FL. 33436</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BEH FL. 33436</b>
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:** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)