

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90034 043 ***150.00

DOCUMENT # P98000018215

1. Entity Name
VILLA ESTRADA, INC.

Principal Place of Business Mailing Address
 1505 SE 40 STREET 1505 SE 40 STREET
 CAPE CORAL FL 33904 CAPE CORAL FL 33904-7913



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 3829 Surfside Blvd 3829 Surfside Blvd
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
 Cape Coral, FL Cape Coral, FL 65-0816088 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
 33914 USA 33914 USA []

6. Name and Address of Current Registered Agent
HS BLAIR & ASSOCIATES, INC.
 1505 SE 40TH ST
 STE C
 CORAL GABLES FL 33904

7. Name and Address of New Registered Agent
 Name **Franz Paul Wagner**
 Street Address (P.O. Box Number is Not Acceptable) **3829 Surfside Blvd.**
 City **Cape Coral** FL Zip Code **33914**

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 *F. P. Wagner* **F. P. Wagner** 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. (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	PSTD	<input checked="" type="checkbox"/> Delete
NAME	LAROCO, ROBERT J	
STREET ADDRESS	1505 SE 40 STREET	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LA ROCCO, SILVANA	
STREET ADDRESS	1505 SE 40TH ST STE C	
CITY-ST-ZIP	CAPE CORAL FL 33904	
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	P, S, T, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEMARIE WAGNER	
STREET ADDRESS	3829 SURFSIDE BLVD	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANZ PAUL WAGNER	
STREET ADDRESS	3829 SURFSIDE BLVD	
CITY-ST-ZIP	CAPE CORAL FL 33914	
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]* **FRANZ PAUL WAGNER** Date **Jan. 5th, 2000** Daytime Phone # **941-542-5418**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR