

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90004 020 ***150.00

DOCUMENT # P98000018215

1. Entity Name
VILLA ESTRADA, INC.

Principal Place of Business
~~1505 SE 40 STREET
 CAPE CORAL FL 33904~~

Mailing Address
~~1505 SE 40 STREET
 CAPE CORAL FL 33904~~

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

3. Mailing Address
3829, Surfside Blvd.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Cape Coral, FL
 Zip
33914
 Country
USA

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Cape Coral, FL
 Zip
33914
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4. FEI Number **65-0816088**

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

~~HS BLAIR & ASSOCIATES, INC.
 1505 SE 40TH ST
 STE C
 CORAL GABLES FL 33904~~

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

Franz Paul Wagner

April 2nd, 2001
 DATE

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 **PSTD** Delete
 NAME **LAROCO, ROBERT J**
 STREET ADDRESS **1505 SE 40 STREET**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **VP, S, T, D** Change Addition
 NAME **ROSEMARIE WAGNER**
 STREET ADDRESS **3829, SURFSIDE BLVD.**
 CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE **D** Delete
 NAME **LA ROCCO, SILVANA**
 STREET ADDRESS **1505 SE 40TH ST STE C**
 CITY-ST-ZIP **CAPE CAROL FL 33904**

TITLE **P, D** Change Addition
 NAME **FRANZ PAUL WAGNER**
 STREET ADDRESS **3829, SURFSIDE BLVD.**
 CITY-ST-ZIP **CAPE CORAL, FL 33914**

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 all other like empowered.

SIGNATURE: **ROSEMARIE WAGNER** **April 2nd, 2001** **941-542-5818**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)