

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 04, 2000 8:00 am**
Secretary of State

03-07-2000 90085 033 ***150.00

DOCUMENT # P98000058356

Entity Name

ALTAMIRA LUXURY HOMES, INC.

Principal Place of Business

Mailing Address

ALTAMIRA LUXURY HOMES, INC.**ALTAMIRA LUXURY HOMES, INC.****NE 5TH AVE.- STE 7****355 NE 5TH AVE.- STE 7****BEACH FL 33483****DELRAY BEACH FL 33483-5542**

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0854034

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

FILINGS, INC.**3732 N.W. 16TH STREET****FT. LAUDERDALE FL 33311-4132**

Name

Schneider, William A. H. H. Schneider, Esq.

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

1900 NW Corporate Blvd**Suite 301 West**

City

Boca Raton FL 33431

I. 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 use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-29-003. 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**

1. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ABBO, MAYER S.	
STREET ADDRESS	113 N.E. 4TH AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	

TITLE	D	<input type="checkbox"/> Delete
NAME	ANNOSCIA, ALESSANDRO M	
STREET ADDRESS	113 N.E. 4TH AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRES.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABBO, MAYER S.	
STREET ADDRESS	355 NE 5TH AVE, SUITE #7	
CITY-ST-ZIP	DELRAY BEACH FL, 33483	

TITLE	VICE PRES.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANNOSCIA, ALESSANDRO M.	
STREET ADDRESS	355 NE 5TH AVE, SUITE #7	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	

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		

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 19.07(3)(f), 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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pres.**02-28-00****(561) 271-0703**

CR2E034 (9/99)