

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100864

1. Entity Name

DANIEL FENZA EXECUTIVE HOMES, INC.

FILED

00 APR 13 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

4214 JADE LANE
VALRICO FL 33594

P.O. BOX 2501
VALRICO FL 33595-2501
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3545884

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

7. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

Spiegel & Utrera, P.A.

Street Address, P.O. Box Number is Not Acceptable

343 Almeria Avenue

City

Coral Gables

FL

Zip Code

33134

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

By: *Natalia Utrera*

Signature, typed or printed name of registered agent, or officer, if applicable

DATE

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 PSTD
NAME FENZA, DANIEL W
STREET ADDRESS 4214 JADE LANE
CITY-ST-ZIP VALRICO FL 33594 ☐ Delete

TITLE VICE PRESIDENT
NAME MELISSA A. FENZA
STREET ADDRESS 4214 JADE LANE
CITY-ST-ZIP VALRICO FL 33594 ☐ Change ☒ Addition

TITLE V
NAME FENZA, JOSEPH C
STREET ADDRESS 12 FAWNWOOD RD
CITY-ST-ZIP SANDY HOOK CT 06470 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100003215301--6
-04/19/00--01101--008
****150.00 ****150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
SP

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:

DANIEL W. FENZA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/00
Date

(813) 657-9620
Daytime Phone #

CR2E034 (9/99)