

2000 UNIFORM BUSINESS REPORT (UBR)

0193716

DOCUMENT # P98000101410

1. Entity Name

FAMIGLIA BUSINESS CORP.

FILED

00 SEP 29 AM 10:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

1101 S.W. 8TH STREET
MIAMI FL 33130

1101 S.W. 8TH STREET
MIAMI FL 33130-3603

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0880075

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORTEGA, MANUEL D
1600 N.W. NORTH RIVER DR.
#204
MIAMI FL 33125

Name Justa P. Delgado
Street Address (P.O. Box Number is Not Accepted) 1101 SW 8th Street
City Miami FL Zip Code 33130

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 *Justa P. Delgado*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

09-26-00

DATE

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 L. Fee
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 PTD
NAME ORTEGA, MANUEL D
STREET ADDRESS 1101 S.W. 8TH STREET
CITY-ST-ZIP MIAMI FL 33130 ☒ Delete

TITLE SD
NAME SOLIMAN, FABIA
STREET ADDRESS 1101 S.W. 8TH STREET
CITY-ST-ZIP MIAMI FL 33130 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE PTD
NAME Justa P. Delgado
STREET ADDRESS 1101 SW 8th Street
CITY-ST-ZIP MIAMI, FL 33130 ☐ Change ☐ Addition

TITLE SD
NAME Felipe Delgado
STREET ADDRESS 1101 SW 8th Street
CITY-ST-ZIP MIAMI, FL 33130 ☐ Change ☐ Addition

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

TITLE
NAME 8000003419998-6
STREET ADDRESS -10/10/00--01012-012
CITY-ST-ZIP ****550.00 ****550.00 ☐ Change ☐ Addition

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

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

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: *Justa P. Delgado*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

09-26-00 (808) 856-6479

CR2E034 (9/99)