

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015116

1. Entity Name

LANTERNA REV, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90116 032 \*\*\*150.00

Principal Place of Business  
C/O CUMMINGS & LOCKWOOD  
3001 TAMiami TRIAL NORTH. 4TH FLOOR  
NAPLES FL 34103

Mailing Address  
C/O CUMMINGS & LOCKWOOD  
3001 TAMiami TRIAL NORTH. 4TH FLOOR  
NAPLES FL 34103-2715

2. Principal Place of Business  
387 Horse Trail Road  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 413032  
Suite, Apt. #, etc.

City & State  
Martin, GA

City & State  
Naples, FL 34101

Zip Country  
30557 USA

Zip Country  
34101 USA

4. FEI Number  
59-3557196

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

CLASP INC.  
3001 TAMiami TRIAL NORTH  
4TH FLOOR  
NAPLES FL 34103

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_ 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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME BERETTA, ENRICO  
STREET ADDRESS 3058 SEYMOUR ROAD  
CITY-ST-ZIP MARTIN GA 30577

TITLE D,P,S,T ☒ Change ☐ Addition  
NAME Beretta, Enrico  
STREET ADDRESS 387 Horse Trail Road  
CITY-ST-ZIP Martin, GA 30557

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: \_\_\_\_\_

**ENRICO BERETTA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Enrico Beretta, President

Apr 18, 2000

Daytime Phone #

CR2E034 (9/99)