

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90049 008 ***150.00

DOCUMENT # P99000026808

1. Entity Name

BRAGADO, INC.

Principal Place of Business

Mailing Address

4336 KIRKMAN ROAD, #702
 ORLANDO FL 32835

4336 KIRKMAN ROAD, #702
 ORLANDO FL 32811-3121

2. Principal Place of Business

3. Mailing Address

7048 INTERNATIONAL DR

7048 INTERNATIONAL DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, Florida

Zip

32811

Country

USA

Zip

32811

Country

USA

4. FEI Number

59-3565998

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

LUGO-JANER, ALBERTO E ESQ.
THE CENTER FOR PROFESSIONAL LEGAL SERVICES
5405 DIPLOMAT CIRCLE, SUITE 201
ORLANDO FL 32810

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

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

(NOTE: Registered Agent signature required when reinstating)

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
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 **CAVIGGIA, MARCELO JUAN**
 STREET ADDRESS **4336 KIRKMAN ROAD, #702**
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **P/D** ☒ Change ☐ Addition
 NAME **CAVIGGIA, MARCELO JUAN**
 STREET ADDRESS **4336 KIRKMAN RD, #702**
 CITY-ST-ZIP **ORLANDO, FL 32835**

TITLE **D** ☐ Delete
 NAME **VOZZA, CARLOS E**
 STREET ADDRESS **4336 KIRKMAN ROAD, #702**
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **V-P/D** ☒ Change ☐ Addition
 NAME **VOZZA CARLOS E**
 STREET ADDRESS **4336 KIRKMAN RD, #702**
 CITY-ST-ZIP **ORLANDO, FL 32835**

TITLE **D** ☐ Delete
 NAME **LUCCIOLINO, CARLOS**
 STREET ADDRESS **4500 OAKCREEK, #308**
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **S/D** ☒ Change ☐ Addition
 NAME **LUCCIOLINO, CARLOS**
 STREET ADDRESS **4500 OAKCREEK, #308**
 CITY-ST-ZIP **ORLANDO, FLORIDA 32835**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
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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:  SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/00

407 226-1380