

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90070 026 ***150.00

0313016

DOCUMENT # P99000035184

1. Entity Name
FLORIDA INTERNATIONAL TENNIS ACADEMY, INC.

Principal Place of Business
**955 EGRET CIRCLE.#510
 DELRAY BEACH FL 33444**

Mailing Address
**955 EGRET CIRCLE.#510
 DELRAY BEACH FL 33444**

00045001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

651 EGRET CIRCLE

3. Mailing Address

651 EGRET CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Debray Beach

City & State

Debray Beach

4. FEI Number

**APPLIED FOR
 65-1028344**

Applied For

Not Applicable

Zip

33444

Country

FL

Zip

33444

Country

FL

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**RAISS, RENZO
 955 EGRET CIRCLE.#510
 DELRAY BEACH FL 33444**

7. Name and Address of New Registered Agent

Name **NANDOR VERES**

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

City **DELRAY BEACH**

FL

Zip Code **33444**

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

Nandor Veres

NANDOR VERES

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, 2001 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAISS, RENZO	
STREET ADDRESS	955 EGRET CIRCLE.#510	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANDOR VERES	
STREET ADDRESS	651 EGRET CIRCLE, Delray Beach FL	
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANDOR VERES	
STREET ADDRESS	651 EGRET CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL - 33444	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA VERES	
STREET ADDRESS	651 EGRET CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL - 33444	
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		

CR2E034 (10/00)

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:

Nandor Veres **NANDOR VERES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

Date

561 350 7040

Daytime Phone #