

2000 UNIFORM BUSINESS REPORT (UBR)

10f2

DOCUMENT # P99000041543

Entity Name

FRANCAVILLA CORPORATION

FILED

00 OCT 23 PM 12: 24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

4700 N. STATE RD-7
#221
FT. LAUDERDALE, FL

Mailing Address

4700 N. STATE RD-7
#221
FT. LAUDERDALE, FL

2. Principal Place of Business

2825 N. UNIVERSITY DR.
Suite, Apt., #, etc.
410

3. Mailing Address

2825 N. UNIVERSITY DR.
Suite, Apt., #, etc.
#410

DO NOT WRITE IN THIS SPACE

City & State

CORAL SPRINGS, FL
Zip
33065 Country
USA

City & State

CORAL SPRINGS, FL
Zip
33065 Country
USA

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JUAN CARLOS BONZANO
4700 N. STATE ROAD-7
#221
FT. LAUDERDALE, FL

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
2825 NORTH UNIVERSITY DR.
#410
City CORAL SPRINGS FL Zip Code 33065

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)

10-16-00

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
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

TITLE
NAME D JUAN CARLOS BONZANO ☐ Delete
STREET ADDRESS 4700 N. STATE ROAD-7 #221
CITY-ST-ZIP FT. LAUDERDALE, FL

TITLE
NAME D SILVANA POLINGSI ☐ Delete
STREET ADDRESS 4700 N. STATE ROAD-7 #221
CITY-ST-ZIP FT. LAUDERDALE, FL

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME 2825 N. UNIVERSITY DR. #410
STREET ADDRESS CORAL SPRINGS, FL 33065
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME 2825 N. UNIVERSITY DR. #410
STREET ADDRESS CORAL SPRINGS, FL 33065
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 000003456030--0
STREET ADDRESS -11/07/00--01116--018
CITY-ST-ZIP ***150.00 ***150.00

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-00

Date

Daytime Phone #

KE

2000

PLEASE NOTE I HAVE BEEN
OUT OF THE COUNTRY SINCE
JANUARY, ALSO HAD A
CHANGE OF ADDRESS. NEVER
RECEIVED REPORTS TO
RENEW CORPORATION.

PLEASE ACCEPT MY \$150.00
FOR RENEWAL.

THANK YOU.