

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90099 036 ***150.00

DOCUMENT # P99000041543

1. Entity Name
FRANCAVILLA CORPORATION



Principal Place of Business
**9130 S. DADELAND BLVD
SUITE 1504
MIAMI FL 33156**

Mailing Address
**9130 S. DADELAND BLVD
SUITE 1504
MIAMI FL 33156**



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 **65-0941114**

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

**BONZANO, JUAN CARLOS
2825 N. UNIVERSITY DR.
#410
CORAL SPRINGS FL 33065**

Name **BONZANO, JUAN CARLOS**
Street Address (P.O. Box Number is Not Acceptable)
954 WINDWARD WAY
City **WESTON** FL Zip Code **33327**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BONZANO, JUAN CARLOS**
STREET ADDRESS **2825 N. UNIVERSITY DR. #410**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☒ Change ☐ Addition
NAME **954 WINDWARD WAY**
STREET ADDRESS **WESTON. FL. 33327**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **POLINESI, SILVANA**
STREET ADDRESS **2825 N. UNIVERSITY DR., #410**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☒ Change ☐ Addition
NAME **954 WINDWARD WAY**
STREET ADDRESS **WESTON. FL. 33327**
CITY-ST-ZIP

TITLE ☐ Delete
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF JUAN CARLOS BONZANO 01-23-03 954-907-5027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)