

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000046625**

1. Entity Name

Campavallas of Orlando, Inc. ✓

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90042 040 ***150.00

Principal Place of Business

Mailing Address

354 Story Rd
Orlando, FL 33476

same

2. Principal Place of Business

354 Story Rd

3. Mailing Address

354 Story Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando FL

City & State

Orlando, FL

4. FEI Number

59-3602455

Applied For

Not Applicable

Zip

Country

33476 **Orange**

Zip

Country

33476 **Orange**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

Eric Frankman
9195 Montevello Dr.
Orl. FL 32818

7. Name and Address of New Registered Agent

Name **Eric Frankman**

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

9195 Montevello Dr.

City **Orl**

FL

Zip Code **32818**

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]

(NOTE: Registered Agent signature required when reinstating)

5/25/00

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

President Director ☒ Delete
Claudia Baker
259 Bonnie Glen Ln.
AAOAKA FL 32712

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. **President** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Eric Frankman ☒ Change ☐ Addition
9195 Montevello Dr.
Orl. FL 32818 **100% Shares**

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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] **Eric C. Frankman** **5/30/00**

Date

Daytime Phone #

(407) 905-0190

CR2E034 (9/99)