

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90155 016 ***150.00

002371 AV

DOCUMENT # P99000048495

1. Entity Name
LANDINGS SHOPPES, INC.



Principal Place of Business
**1000 SWEETWATER CLUB BLVD.
LONGWOOD FL 32779**

Mailing Address
**1000 SWEETWATER CLUB BLVD.
LONGWOOD FL 32779**

2. Principal Place of Business

3. Mailing Address

203-07 35th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1

City & State

BAYSIDE NY

Zip

Country

11361

Country

USA

4. FEI Number **59-3579083**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUCCHESI, SALVATORE
1000 SWEETWATER CLUB BLVD.
LONGWOOD FL 32779**

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

SIGNATURE 

(NOTE: Registered Agent signature required when reinstating)

11/10/03
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 ☐ Delete
NAME **D VACCARO, GIUSEPPE**
STREET ADDRESS **31-23 NEWTOWN AVENUE**
CITY-ST-ZIP **ASTORIA NY 11102**

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

TITLE ☐ Delete
NAME **D LUCCHESI, SALVATORE**
STREET ADDRESS **1000 SWEETWATER CLUB BLVD.**
CITY-ST-ZIP **LONGWOOD FL 32779**

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

TITLE ☐ Delete
NAME **D LUCCHESI, JOSEPHINE**
STREET ADDRESS **1000 SWEETWATER CLUB BLVD.**
CITY-ST-ZIP **LONGWOOD FL 32779**

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

TITLE ☐ Delete
NAME **D VACCARO, VITO**
STREET ADDRESS **31-23 NEWTOWN AVENUE**
CITY-ST-ZIP **ASTORIA NY 11102**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:  **SALVATORE Lucchese**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/03
Date

(407) 774-0684
Daytime Phone #

CR2E034 (10/02)