

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072845

1. Entity Name

LUCIA MASTERANTONIO, INC.

Principal Place of Business

207 LIVE OAK LANE  
BOYNTON BEACH FL 33436

Mailing Address

207 LIVE OAK LANE  
BOYNTON BEACH FL 33436

2. Principal Place of Business

207 LIVE OAK LANE

3. Mailing Address

207 LIVE OAK LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

City & State

BOYNTON BEACH, FL

Zip

33436

Country

U.S.A

Zip

33436

Country

U.S.A

4. FEI Number

65- 0942982

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name CORPORATION SERVICE COMPANY  
Street Address (P.O. Box Number is Not Acceptable)  
1201 HAYS STREET

City TALLAHASSEE

FL

Zip Code 32301-2525

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 *Lucia Adamo*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/4/2000

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00

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  
NAME MASTERANTONIO, LUCIA  
STREET ADDRESS 207 LIVE OAK LANE  
CITY-ST-ZIP BOYNTON BEACH FL 33436 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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: *Lucia Adamo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/4/2000

Date

561-731-0326

Daytime Phone #

CR2E034 (5/00)

FILED  
Sep 11, 2000 8:00 am  
Secretary of State

09-11-2000 90072 028 \*\*\*550.00



DO NOT WRITE IN THIS SPACE