

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90311 002 ***150.00

DOCUMENT # P99000099711

1. Entity Name
B.A. BUSINESS CORP.



Principal Place of Business
**1907 BREEZY HILL DR.
WINDERMERE FL 34786**

Mailing Address
**1907 BREEZY HILL DR.
WINDERMERE FL 34786**



2. Principal Place of Business
729 CELEBRATION AV.

3. Mailing Address
729 CELEBRATION AV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
CELEBRATION FL - FL.

City & State
CELEBRATION - FL

4. FEI Number **29-3609705**

Applied For
Not Applicable

Zip
34747

Country

Zip
34747

Country

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

6. Name and Address of Current Registered Agent

**DE ALMEIDA, ROSANA ROTONDO
5983 PARKVIEW POINT DRIVE
ORLANDO FL 32821**

7. Name and Address of New Registered Agent

Name **BIANCHI, ANTONIO M.**
Street Address (P.O. Box Number is Not Acceptable)
729 CELEBRATION AV.
City **CELEBRATION** **FL** Zip Code **34747**

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)

DATE **01/13/03**

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

TITLE **D** ☒ Delete
NAME **DE ALMEIDA, ROSANA ROTONDO**
STREET ADDRESS **5983 PARKVIEW POINT DRIVE**
CITY-ST-ZIP **ORLANDO FL 32821**

TITLE **D** ☐ Delete
NAME **BIANCHI, ANTONIO M**
STREET ADDRESS **5983 PARKVIEW POINT DRIVE**
CITY-ST-ZIP **ORLANDO FL 32821**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **D** ☒ Change ☐ Addition
NAME **BIANCHI, ANTONIO M.**
STREET ADDRESS **729 CELEBRATION AV.**
CITY-ST-ZIP **CELEBRATION - FL - 34747**

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

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: **ANTONIO M. BIANCHI** **01/13/03** **321-939-0693**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)