## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

all other like empowered.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

RATTA PRESIDENT

## FILED DOCUMENT # **P99000109061** Mar 22, 2000 8:00 am 1. Entity Name **Secretary of State** ANTENNA ITALIA CORP. 03-22-2000 90181 020 \*\*\*150.00 Mailing Address Principal Place of Business 1 WINDERLEY PLACE, UNIT 8 1 WINDERLEY PLACE.UNIT 8 MAITLAND FL 32751 MAITLAND FL 32751 2. Principal Place of Business 3. Mailing Address 1000 WINDERLEY PLACE 1000 WINDERLEY LACE Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE UNIT Applied For City & State FLORIDA Not Applicable 01-10 A ITLAND Country, S, A \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BERNARD FRATTA VANDEWATER, GLENN T ESQ. Street Address (P.O. Box Number is Not Acceptable) 378 WHOOPING LOOP STE.1272 **ALTAMONTE SPRINGS FL 32701** 000 WINDERLEY 8. The above named entity submits this statement for the purpose of changing its registered office or registered age FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. Change TITLE ☐ Delete TITLE PRESIDENT BERNARD LAFRATTA UNIT 8 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAITLAND, FL. 32751 CITY-ST-ZIP SECRETARY TERRY O'NEIL 1000 WINDERLEY PL. UNIT 8 ☐ Change **X** Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS MAITLAND, tc. 32751 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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