

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S65399

1. Entity Name

VIZCAYA CUSTOM HOMES, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90020 022 ***150.00

Principal Place of Business

Mailing Address

3922 SAN PEDRO ST
TAMPA FL 33629
US

3922 SAN PEDRO ST
TAMPA FL 33629-7810
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1906 N. Armenia Ave
Suite, Apt. #, etc. #300

1906 N. Armenia Ave
Suite, Apt. #, etc. #300

City & State

City & State

Tampa, FL

Tampa, FL

Zip 33607

Country USA

Zip 33607

Country USA

4. FEI Number

59-3091665

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALBANO, ROBERT J
3922 SAN PEDRO ST
TAMPA FL 33629

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.

SIGNATURE

Robert J. Albano Pres.

1/27/00

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME ALBANO, ROBERT J
STREET ADDRESS 3922 SAN PEDRO ST
CITY-ST-ZIP TAMPA FL 33629 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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:

Robert J. Albano President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/00
813-251-5614

CR2E034 (9/99)