

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V65319**

1. Entity Name

**MANASSAS INN CO.**

Principal Place of Business

**10653 BALLS FORD RD  
MANASSAS VA 22110  
US**

Mailing Address

**270 NE 4TH ST  
STE 100  
MIAMI FL 33132-2210  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION COMPANY OF MIAMI  
201 S BISCAYNE BLVD  
1600 MIAMI CENTER  
MIAMI FL 33131**

Name

**C T Corporation System**

Street Address (P.O. Box Number is Not Acceptable)

**1200 S. Pine Island Road**

City

**Plantation**

**FL**

Zip Code  
**33324**

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

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

**VICKY GOLDSTEIN  
SPECIAL ASSISTANT SECRETARY**  
(NOTE: Registered Agent signature required when reinstating)

**3-7-00**  
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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CORBEDDU, ANTONIO</b>	
STREET ADDRESS	<b>270 NE 4TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33132</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>MICANGELI, MAURIZIO</b>	
STREET ADDRESS	<b>270 NE 4TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33132</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>TUPINI, CLAUDIO</b>	
STREET ADDRESS	<b>270 NE 4TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33132</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DAYTON, M.L.</b>	
STREET ADDRESS	<b>270 NE 4TH ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33132</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FRIEDBAUER, ROGER</b>	
STREET ADDRESS	<b>1500 MIAMI CENTER, 201 S. BISCAYNE BLVD.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33132</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LAROCHE, RICHARD F JR.</b>	
STREET ADDRESS	<b>270 NE 4TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33132</b>	

TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Castera, Benoist</b>	
STREET ADDRESS	<b>270 N.E. 4th Street</b>	
CITY-ST-ZIP	<b>Miami, FL 33132</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Benoist Castera**

**02-25-00**

**305-358-0661**

Date

Daytime Phone #

**FILED**

**00 MAR -8 PM 2:07**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0357328** Applied For ☐ Not Applicable ☐

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

CR2E034 (9/99)