

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 12 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L98000001796

1. Entity Name
GREAT BRAND OF ITALY, L.C.

Principal Place of Business: **7400 CENTER BAY DRIVE MIAMI BEACH FL 33141**

Mailing Address: **7400 CENTER BAY DRIVE MIAMI BEACH FL 33141-4014**

2. Principal Place of Business: **1001 BRICKELL BAY DR SUITE 1508 MIAMI FL 33131**

3. Mailing Address: **SAME**

4. FEI Number: **65-0872726**

5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**NIGRELLI, ANTONIO
7400 CENTER BAY DRIVE
MIAMI BEACH FL 33141**

7. Name and Address of New Registered Agent
Name: **NIGRELLI, ANTONINO**
Street Address (P.O. Box Number is Not Acceptable): **1001 BRICKELL BAY DR. SUITE 1508**
City: **MIAMI** FL Zip Code: **33131**

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: Antonino Nigrelli **PRESIDENT/MGRM** DATE: **4/26/00**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NIGRELLI, ANTONIO 7400 CENTER BAY DRIVE MIAMI BEACH FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700003278847-6 -06/06/00--01101--003 ****150.00 ****150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NIGRELLI ANTONINO 1001 BRICKELL BAY DR. SUITE 1508 MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Antonino Nigrelli **SIGNATURE REQUIRED** DATE: **4/26/00** DAYTIME PHONE #: **305-970-5546**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

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