## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 05, 2001 8:00 am Secretary of State DOCUMENT # P0000044319 ITALIANA STONE & MACHINERY, INC. 03-05-2001 90343 008 \*\*\*158.75 Principal Place of Business Mailing Address 2220 J&C BLVD, UNIT #3 2220 J&C BLVD, UNIT #3 NAPLES FL 34109 NAPLES FL 34109 2. Principal Place of Busines oress Aue DO NOT WRITE IN THIS SPACE Applied For Not Applicable Collier \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent Name and Address of New Registered Agent ESPINOSA, EDUARDO 1311 OPUNTIA LANE NAPLES FL 34105 City 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ESPINOSA, EDUARDO NAME NAME DEID ROCK STREET ADDRESS 2220 J&C BLVD. UNIT #3 STREET ADDRESS CITY-ST-ZIP-NAPLES FL 34109 CITY-ST-ZIP Addition TITLE ☐ Defete TITLE ROCHE, JOHN DELA NAME NAME STREET ADDRESS 2220 J&C BLVD. UNIT #3 STREET ADDRESS CITY-ST-7IP NAPLES FL 34109 CITY-ST-ZIP Delete TITLE TITLE ROCHE, HERNANDO DELA NAME NAME STREET ADDRESS 2220 J&C BLVD. UNIT #3 STREET ADDRESS CITY-ST-ZIE NAPLES FL 34109 CITY-ST-ZIP Delete TITLE TITLE atreasurer ☐ Addition ESPINOSA, EDUARDO-NAME NAME 2220 J&C BLVD, UNIT #3 STREET ADDRESS STREET ADDRESS 4110 Sth Ave SW CITY-ST-ZIP MAPLES FL 34109 CITY-ST-ZIP ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-71P

Change

☐ Addition

CR2E034 (10/00)