# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 22, 2000 8:00 am**
**Secretary of State**
04-22-2000 90042 049 ***150.00

DOCUMENT # P93000027647

1. Entity Name

A. CELLI INTERNATIONAL, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2600 EAST COMMERCIAL BLVD.<br>SUITE 202<br>FT. LAUDERDALE FL 33308<br>US | 2600 EAST COMMERCIAL BLVD.<br>SUITE 202<br>FT. LAUDERDALE FL 33308-4111<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 65-0418941 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

CECCHINI, DOMENICO
200 EAST LAS OLAS BLVD.
SUITE 1270
FORT LAUDERDALE FL 33301

**7. Name and Address of New Registered Agent**

Name: Domenico Cecchini
Street Address (P.O. Box Number is Not Acceptable): 2600 E Commercial Blvd.
Suite 202
City: Ft. Lauderdale **FL** Zip Code: 33308

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: _____ PRESIDENT 4/14/2000
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CELLI, MAURO<br>VIA ROMANA OVEST 212<br>55016 PORCARO IT | ☐ Delete | D<br>Celli, Mauro<br>Via Romana Ovest 212<br>55016 Porcari IT | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CELLI, DR. ALESSANDRO<br>VIA ROMANA OVEST 212<br>55016 PORCARI IT | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>DOMENICO, CECCHINI<br>200 EAST LAS OLAS BLVD.<br>FT. LAUDERDALE FL 33301 | ☐ Delete | P/S/D<br>Cecchini, Domenico<br>2600 E Commercial Blvd. Suite 202<br>Ft. Lauderdale FL 33308 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CELLI, PIERO<br>200 EAST LAS OLAS BLVD.<br>FT. LAUDERDALE FL 33301 | ☐ Delete | D<br>Celli, Piero<br>Via Romana Ovest 212<br>55016 Porcari IT | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E034 (9/99)

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 REQUIRED 4/14/2000 (954) 771-6303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #