

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90086 049 ***150.00

DOCUMENT # P94000019824

1. Entity Name
SAN BENEDETTO, ACQUA MINERALE SAN BENEDETTO, INC *R*

Principal Place of Business 8010 W. DRIVE #380 MIAMI FL 33141 US	Mailing Address P. O. BOX 415144 MIAMI FL 33141-5144 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1001 BRICKELL BAY DR. Suite, Apt. #, etc. SUITE 150B City & State MIAMI FLORIDA	3. Mailing Address P.O. BOX 415144 Suite, Apt. #, etc. City & State MIAMI FLORIDA
Zip 33131 Country DADE	Zip 33141 Country DADE

4. FEI Number 65-0573295	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NIGRELLI, ANTONINO 8010 W DRIVE UNIT 378 NORTH BAY VILLAGE 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 150B City MIAMI FL Zip Code 33131
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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* DATE 04/26/00

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **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	VSD NIGRELLI, ANTONINO 8010 WEST DRIVE UNIT 380 NORTH BAY VILLAGE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S.T.D. NIGRELLI ANTONINO 1001 BRICKELL BAY DR SUITE 150B MIAMI FL. 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR 0034 (9/99)