

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90109 045 \*\*\*150.00

**DOCUMENT # P96000091485**

1. Entity Name  
**FLEGREA INVESTMENT CORPORATION**

Principal Place of Business

3095 SW 39TH AVE  
 MIAMI FL 33146-1506  
 US

Mailing Address

3095 SW 39TH AVE  
 MIAMI FL 33146-1506  
 US

C0038106



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1800 SUNSET HARBOUR DR**  
 Suite, Apt. #, etc.  
**APT 1808**

City & State  
**MIAMI BEACH FL**

Zip Country  
**33139-1457 USA**

3. Mailing Address

**1800 SUNSET HARBOUR DR.**  
 Suite, Apt. #, etc.  
**APT 1808**

City & State  
**MIAMI BEACH FL**

Zip Country  
**33139-1457 USA**

4. FEI Number **65-0708592**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMBROSINO, GENARO**  
 3095 SW 39TH AVE  
 MIAMI FL 33146

Name  
**AMBROSINO, GENARO**

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

**1800 SUNSET HARBOUR DRIVE, APT 1808**

City Zip Code  
**MIAMI BEACH FL 33139-1457**

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

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	<b>D</b> <b>AMBROSINO, MIGUEL</b> <b>3095 SW 39TH AVE</b> <b>MIAMI FL 33146</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>AMBROSINO, GENARO</b> <b>3095 SW 39TH AVE</b> <b>MIAMI FL 33146</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>AMBROSINO, ROSANNA DE</b> <b>3095 SW 39TH AVE</b> <b>MIAMI FL 33146</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>AMBROSINO MICHELE</b> <b>1800 SUNSET HARBOUR DRIVE, APT 1808</b> <b>MIAMI BEACH FL 33139-1457</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>AMBROSINO, GENARO</b> <b>1800 SUNSET HARBOUR DRIVE, APT 1808</b> <b>MIAMI BEACH, FL 33139-1457</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>AMBROSINO, ROSANNA DE</b> <b>1800 SUNSET HARBOUR DRIVE, APT 1808</b> <b>MIAMI BEACH, FL 33139-1457</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **GENARO AMBROSINO, DIRECTOR** 03/10/2000 (305) 6738164  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #