

AMENDED  
**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** P99000055961  
1. Entity Name  
**BUONI MARIO, INC.**

Principal Place of Business      Mailing Address  
200 S. Biscayne Blvd.  
Suite 4815  
Miami, FL 33131

**FILED**  
00 JUN 14 AM 8:33  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

2. Principal Place of Business      3. Mailing Address  
**646 Lincoln Road**      **646 Lincoln Road**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State      City & State  
**Miami Beach, FL**      **Miami Beach, FL**

Zip      Country      Zip      Country  
**33139**      **USA**      **33139**      **USA**

4. FEI Number      Applied For  
**650928363**      Not Applicable

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

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

**PIERO SALUSSOLIA**  
200 South Biscayne Blvd.  
Suite 4815  
Miami, FL 33131

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

Name  
**BERNARD ALLEN**

Street Address (P.O. Box Number is Not Acceptable)  
**2699 S. Bayshore Dr.,**

**7th Floor**

City      State      Zip Code  
**Miami**      **FL**      **33133**

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 *Bernard Allen*      **BERNARD ALLEN**      **5/10/00**

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.     

**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARIO BUONI Via Della Cisa 11 00141 Rome, Italy	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUSAN ALVAREZ 646 Lincoln Rd. Miami Beach, FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRANCESCO SERGIO 646 Lincoln Rd. Miami Beach, FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RICCARDO USAI 646 Lincoln Rd. Miami Beach, FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> 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: *Susan Alvarez*      **SUSAN ALVAREZ, President**      **5/15/00**      **(305)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)