

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000069933

FILED  
Apr 23, 2002 8:00 AM  
Secretary of State

Entity Name: SILVANA FACCHINI GALLERY, INC.

**Current Principal Place of Business:**

MS. SILVANA FACCHINI  
35 N.E. 38TH STREET  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

C/O AGI REGISTERED AGENTS  
1200 BRICKELL AVE., SUITE 900  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 65-0939012      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AGI REGISTERED AGENTS, INC.  
1200 BRICKELL AVENUE SUITE 900  
MIAMI, FL 33131      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPST ( ) Delete  
Name: FACCHINI, SILVANA  
Address: 35 N.E. 38TH STREET  
City-St-Zip: MIAMI, FL 33137

Title: DVP ( ) Delete  
Name: FACCHINI, ISABELLA  
Address: 35 N.E. 38TH STREET  
City-St-Zip: MIAMI, FL 33137

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SILVANA FACCHINI

DPST

04/23/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date