

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 12 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000001796

1. Entity Name
GREAT BRAND OF ITALY, L.C.

Principal Place of Business
7400 CENTER BAY DRIVE
MIAMI BEACH FL 33141

Mailing Address
7400 CENTER BAY DRIVE
MIAMI BEACH FL 33141-4014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1001 BRICKELL BAY DR
Suite, Apt. #, etc.
SUITE 1508

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
MIAMI FL 33131

City & State

4. FEI Number 65-0872726

Applied For
Not Applicable

Zip 33131 Country DADE

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NIGRELLI, ANTONIO
7400 CENTER BAY DRIVE
MIAMI BEACH 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 1508
City MIAMI FL Zip Code 33131

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 Antonio Nigrelli PRESIDENT/MGRM 4/26/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM NIGRELLI, ANTONIO
STREET ADDRESS 7400 CENTER BAY DRIVE
CITY-STATE-ZIP MIAMI BEACH FL 33141 ☐ Delete

TITLE NAME MGRM NIGRELLI ANTONINO
STREET ADDRESS 1001 BRICKELL BAY DR. SUITE 1508
CITY-STATE-ZIP MIAMI FL 33131 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition
7000003278847-6
-06/06/00--01101--003
****150.00 ****150.00

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE NAME
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CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Antonio Nigrelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/26/00 305.970.5546
Date Daytime Phone #