## 2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22000007030

**Entity Name: POLONE MIAMI INC** 

**Current Principal Place of Business:** 

227 MICHIGAN AVE APT. 404

MIAMI BEACH, FL 33139

## **Current Mailing Address:**

C/O JAS C LLC 1521 ALTON ROAD UNIT380 MIAMI BEACH, FL 33139 US

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CHIAPPA, ANDREA 227 MICHIGAN AVE MIAMI BEACH, FL 33139 US

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

**FILED** Apr 29, 2023

**Secretary of State** 

7967938101CC

## Officer/Director Detail:

Title Title

CHIAPPA, ANDREA Name Name FOGLIATI, MARIA TERESA 227 MICHIGAN AVE 227 MICHIGAN AVE APT. 404 Address Address MIAMI BEACH FL 33139 City-State-Zip: MIAMI BEACH FL 33139 City-State-Zip:

Title **DIRECTOR** Title DIRECTOR

Name CHIAPPA, GUIDO CHIAPPA, ANNALISA Name

Address 227 MICHIGAN AVE 227 MICHIGAN AVE Address APT. 404 APT. 404

City-State-Zip: MIAMI BEACH FL 33139 City-State-Zip: MIAMI BEACH FL 33139

I hereby 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 all other like empowered.

SIGNATURE: ANNALISA CHIAPPA

DIRECTOR

04/29/2023