

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 663311

1. Entity Name

POLVANI TOURS, INC.



Principal Place of Business

2380 S. DIXIE HIGHWAY  
COCONUT GROVE FL 33133

Mailing Address

2380 S. DIXIE HIGHWAY  
COCONUT GROVE FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2207637

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

MARTINEZ  
DIAZ DE SALAS, L. STELLA  
1876 GALLEON STREET 1823 SW 18TH AVE  
N BAY VLGE FL 33141 MIAMI, FL 33345

Name

L. ST

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

City

FL

Zip Code

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ☐ Delete  
NAME P  
STREET ADDRESS POLVANI, GIANCARLO  
CITY-ST-ZIP VIA FIESCHI 40R  
GENOVA IT

TITLE ☒ Change ☐ Addition  
NAME P.  
STREET ADDRESS ANNUNZIATA POLVANI  
CITY-ST-ZIP VIA LUDOVISI 16  
ROMA - ITALY

TITLE ☐ Delete  
NAME T. MARTINEZ  
STREET ADDRESS DIAZ DE SALAS, LUZ S.  
CITY-ST-ZIP 1876 GALLEON STREET  
N BAY VLGE FL

TITLE ☒ Change ☐ Addition  
NAME T.  
STREET ADDRESS MARTINEZ, LUZ S.  
CITY-ST-ZIP 1823 SW 18TH AVENUE  
MIAMI, FL 33145

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME S.  
STREET ADDRESS FRANCESCO BIANCARDINI  
CITY-ST-ZIP VIA LUDOVISI 16  
ROMA - ITALY.

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 its representative 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/00  
Date

305-285-6789  
Daytime Phone #

CR2E034 (5/00)