

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000003048

1. Entity Name  
NINE ISLAND LTD, INC.

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90079 013 \*\*\*150.00

Principal Place of Business Mailing Address  
~~200 SOUTH BISCAYNE BLVD., SUITE 4815~~ ~~200 SOUTH BISCAYNE BLVD., SUITE 4815~~  
~~MIAMI FL 33131~~ ~~MIAMI FL 33131~~

2. Principal Place of Business 3. Mailing Address  
**1548 BRICKELL AVE.** **1548 BRICKELL AVE.**

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

City & State City & State  
**MIAMI, FL** **MIAMI, FL**

Zip Country Zip Country  
**33129-1210** **USA** **33129-1210** **USA**

4. FEI Number **98-0177764** Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**SALUSSOLIA, PIERO**  
~~200 SOUTH BISCAYNE BLVD., SUITE 4815~~  
~~MIAMI FL 33131~~

## 7. Name and Address of New Registered Agent

Name **SALUSSOLIA, PIERO**  
Street Address (P.O. Box Number is Not Acceptable)  
**1548 BRICKELL AVE.**  
City **MIAMI** **FL** Zip Code **33129-1210**

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 PIERO SALUSSOLIA 04/26/01  
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 \$150.00**  
**After MAY 1, 2001 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JURIS MAGISTER BVI LIMITED</b>	
STREET ADDRESS	<b>197 MAIN STREET</b>	
CITY-ST-ZIP	<b>ROAD TOWN TORTOLA, BRITISH VI</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: G. PAOLO BORGOMANERO 04/25/01 305-313-2046  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)