

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90365 025 \*\*\*150.00

**DOCUMENT # F02000005033**

1. Entity Name  
**I.F. INTERNATIONAL INC.**



Principal Place of Business  
**C/O GEORGE R. FUNARO & CO., P.C.  
ONE PENN PLAZA, SUITE 3515  
NEW YORK NY 10119-3595**

Mailing Address  
**C/O GEORGE R. FUNARO & CO., P.C.  
ONE PENN PLAZA, SUITE 3515  
NEW YORK NY 10119-3595**



2. Principal Place of Business  
**315 NW 107 AV**

Suite, Apt. #, etc.  
**Box #48**

City & State  
**MIAMI, FLORIDA**

Zip  
**33172**

Country  
**USA**

3. Mailing Address  
**C/O GEORGE R. FUNARO & CO., P.C.**

Suite, Apt. #, etc.  
**ONE PENN PLAZA, SUITE 3515**

City & State  
**NEW YORK, NY**

Zip  
**10119-3595**

Country  
**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**56-2284643**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**UNITED CORPORATE SERVICES, INC.  
9200 SOUTH DADELAND BOULEVARD, SUITE 508  
MIAMI FL 33156**

**7. Name and Address of New Registered Agent**

Name  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003, Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>CPT</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BELLI, LORENZO</b>		NAME		
STREET ADDRESS	<b>39 BAT. E. RESIDENCE PRESTIGE, BAS DU FORT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>GOSIER GUADALOUPE FWI</b>		CITY-ST-ZIP		
TITLE	<b>VCS</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>OLIVOTTO, FABIANA</b>		NAME		
STREET ADDRESS	<b>39 BAT. E. RESIDENCE PRESTIGE, BAS DU FORT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>GOSIER GUADALOUPE FWI</b>		CITY-ST-ZIP		
TITLE	<b>DV</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>CANESSO, FERDINANDO</b>		NAME		
STREET ADDRESS	<b>VIA CAVE 4, 36030 MONTECCHIO</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PRECALCINO (VI), ITALY</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/14/03 (212) 947-3333**

Date Daytime Phone #

CR2E034 (10/02)