

F19 0000005272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

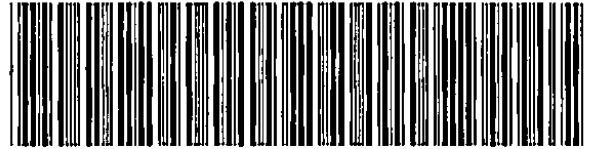
(Document Number)

Certified Copies _____ Certificates of Status _____

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R. WHITE

DEC 3 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2020

GIACOMO BOSSA
2701 PONCE DE LEON BLVD STE 202
CORAL GABLES, FL 33134

SUBJECT: GLOBAL INSTITUTES ON ADDICTIONS, INC.
Ref. Number: F19000005272

We have received your document for GLOBAL INSTITUTES ON ADDICTIONS, INC. and your check(s) totaling \$95.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FOREIGN CORPORATION. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 420A00025107



COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: GLOBAL INSTITUTES ON ADDICTIONS, INC.

Name of Corporation

DOCUMENT NUMBER: F19000005272

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Giacomo Bossa

Name of Contact Person

Barakat + Bossa

Firm/Company

2701 Ponce de Leon Blvd, Suite 202

Address

Coral Gables, FL 33134

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Giacomo Bossa

Name of Contact Person

at (305) 444-3114

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F19000005272
(Document number of corporation (if known))

1. GLOBAL INSTITUTES ON ADDICTIONS, INC
(Name of corporation as it appears on the records of the Department of State)
2. DE 3. 11/25/2019
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? _____
5. _____
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) _____

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. **If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>BONCI, ANTONELLO</u>	<u>1501 BISCAYNE BLVD #200</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI, FL 33132</u>	<input type="checkbox"/> Remove
<u>S</u>	<u>DEL GOVERNATORE, FRANCESCO</u>	<u>1501 BISCAYNE BLVD #200</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI, FL 33132</u>	<input type="checkbox"/> Remove
<u>S</u>	<u>WUDYKA, MICHAEL</u>	<u>1501 BISCAYNE BLVD #200</u>	<input type="checkbox"/> Add
		<u>MIAMI, FL 33132</u>	<input checked="" type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to del of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisd under the laws of which it is incorporated.

Antonello Bonci

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

ANTONELLO BONCI

(Typed or printed name of person signing)

CEO

(Title of person signing)

FILING FEE \$35.00