

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000001084

1. Entity Name

INDITA INVESTMENT, CORP.

Principal Place of Business

C/O BENEDETTI & BENEDETTI
P.O. BOX 850120
PANAMA 5, REP. DE PANAMA

Mailing Address

C/O MENDIVE & ACCOC. P.A.
250 CATALONIA AVE., #705
CORAL GABLES FL 33134

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 65-0465372

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

MENDIVE, ARMANDO G
250 CATALONIA AVENUE
SUITE 705
CORAL GABLES FL 33134

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.

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BENEDETTI, ALIDA	
STREET ADDRESS	COMOSA BLDG. 10TH FLOOR AVE. SAMUEL LEWIS	
CITY-ST-ZIP	PANAMA 5, REP. DE PANAMA	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENEDETTI, ELOY	
STREET ADDRESS	COMOSA BLDG. 10TH FLOOR AVE. SAMUEL LEWIS	
CITY-ST-ZIP	PANAMA 5, REP. DE PANAMA	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BENEDETTI, RAMON	
STREET ADDRESS	COMOSA BLDG. 10TH FLOOR AVE. SAMUEL LEWIS	
CITY-ST-ZIP	PANAMA 5, REP. DE PANAMA	
TITLE	P	<input type="checkbox"/> Delete
NAME	PEDERSOLI, GIUSEPPE	
STREET ADDRESS	VIALE CORTINA D'AMPEZZO, 156	
CITY-ST-ZIP	ROME, ITALY	
TITLE	V	<input type="checkbox"/> Delete
NAME	PEDERSOLI, ZOILA	
STREET ADDRESS	VIALE CORTINA D'AMPEZZO, 156	
CITY-ST-ZIP	ROME, ITALY	
TITLE		<input type="checkbox"/> Delete
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	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 22, 2001 8:00 am
Secretary of State

02-22-2001 90134 005 ***150.00

720297



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)