

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003743

1. Entity Name

IMOLA MARKETING AND SERVICES, INC.

Principal Place of Business

SUITE 3B  
306 ALCAZAR AVENUE  
CORAL GABLES FL 33134

Mailing Address

SUITE 3B  
306 ALCAZAR AVENUE  
CORAL GABLES FL 33134-4318

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0230057

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AMES, STUART D  
2200 MUSEUM TOWER  
150 W. FLAGLER STREET  
MIAMI FL 33130

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.

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PT	MASTELLI, ARTURO	306 ALCAZAR AVENUE, STE 301	CORAL GABLES FL 33134	<input type="checkbox"/>
CVC	ZUFFA, GIUSEPPE	306 ALCAZAR AVENUE, STE 301	CORAL GABLES FL 33134	<input type="checkbox"/>
S	MASTELLI, ARTURO	306 ALCAZAR AVENUE, STE 301	CORAL GABLES FL 33134	<input type="checkbox"/>
D	CALLEGATI, MARINO	306 ALCAZAR AVENUE, STE 301	CORAL GABLES FL 33134	<input type="checkbox"/>
D	MONDINI, GIANPIETRO	306 ALCAZAR AVENUE, STE 301	CORAL GABLES FL 33134	<input type="checkbox"/>
VPT	MIRELLA,	306 ALCAZAR AVENUE, STE 301	CORAL GABLES FL 33134	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Delete
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 31, 2000 8:00 am**  
**Secretary of State**

01-31-2000 90093 013 \*\*\*150.00



DO NOT WRITE IN THIS SPACE