

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90051 021 ***150.00

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

2. Principal Place of Business

8975 NW 25 Street

Suite, Apt. #, etc.

3. Mailing Address

8975 NW 25 Street

Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miami FL

4. FEI Number **65-0230057**

Applied For
Not Applicable

Zip **33172** **Country** **USA**

Zip **33172** **Country** **USA**

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 _____ (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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT mastelli, Arturo 8975 NW 25 Street Miami FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVC Zuffa, Giuseppe 8975 NW 25 Street Miami FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Mastelli, Arturo 8975 NW 25 Street Miami FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Callegati, Marino 8975 NW 25 Street Miami FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mondini, Gianpietro 8975 NW 25 Street Miami FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT Marin, Mirella 8975 NW 25 Street Miami FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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] **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/02 **(305) 513-0034**
Date Daytime Phone #

CR2E034 (9/01)