

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90303 048 ***150.00

DOCUMENT # **F94000003743**

1. Entity Name

IMOLA MARKETING & SERVICES, INC. ✓



DO NOT WRITE IN THIS SPACE

90102603

2. Principal Place of Business

8975 NW 25 Street

Suite, Apt. #, etc.

3. Mailing Address

8975 NW 25 Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **AMES, STUART D**

Street Address (P.O. Box Number is Not Acceptable)

2200 MUSEUM TOWER - 150 W. FLAGLER STREET

City **MIAMI**

FL

Zip Code
33130

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME **PONDANI GIANPIERO** D
STREET ADDRESS **8975 NW 25 Street**
CITY-ST-ZIP **Miami, FL 33172**

TITLE NAME **GARCIOFFI STEFANO** D
STREET ADDRESS **8975 NW 25 Street**
CITY-ST-ZIP **Miami, FL 33172**

TITLE NAME **PAGLIALONGA DAURIZO** D
STREET ADDRESS **8975 NW 25 Street**
CITY-ST-ZIP **Miami, FL 33172**

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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 on an attachment with an address, with all other like information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)