

2000 UNIFORM BUSINESS REPORT (UBR)

2.

DOCUMENT # F99000000746

1. Entity Name

IDELSON-GNOCCHI LTD., INC.

FILED
May 02, 2000 8:00 am
Secretary of State

02-10-2000 90054 038 ***150.00

Principal Place of Business Mailing Address
 12255 NW HWY. 225A 12255 NW HWY. 225A
 REDDICK FL 32686 REDDICK FL 32686-4647

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

APPLIED FOR

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

RUSSO, MAURIZIO C
 12255 NW HWY 225A
 REDDICK FL 32686

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
CP	GNOCCHI, GUIDO		
VIA A. DEGASPERI, 55			
80133 NAPOLI, ITALY			
CVST	RUSSO, MAURIZIO C		
12255 NW HWY. 225A			
REDDICK FL 32686			
D	RAMSEY, PAMALA		
12255 NW HWY. 225A			
REDDICK FL 32686			

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 #

1/30/00 (352) 591-1136

CR2E034 (9/99)