

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

**FILED**

**02 DEC -5 AM 11:10**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # L0000005031**  
1. Entity Name  
**ITALSHOP OF FLORIDA, LLC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**201 South Biscayne Blvd.**  
Suite, Apt. #, etc.  
**Suite 2500**

3. Mailing Address  
**201 South Biscayne Blvd.**  
Suite, Apt. #, etc.  
**Suite 2500**

DO NOT WRITE IN THIS SPACE

City & State  
**Miami, FL**

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**Miami, FL**

4. FEI Number **65-1109522** Applied For  
Not Applicable

Zip **33131** Country **USA**

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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 **Antonia R. Zamora, Esq.**

Street Address (P.O. Box Number is Not Acceptable)  
**201 South Biscayne Blvd., Suite 2500**

City **Miami** **FL** Zip Code **33131**

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)

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
**Elias Cababie Daniel, Director**  
STREET ADDRESS  
**19955 Porto Vita Way, Apt. 2306 Miami,**  
CITY- ST- ZIP  
**Florida 33180**

TITLE NAME  
**1100009370931**  
STREET ADDRESS  
**12/05/02--01026--012 \*\*\$50.00**  
CITY- ST- ZIP

TITLE NAME  
**Jaime Kanan, Director**  
STREET ADDRESS  
**19355 Turnberry Way**  
CITY- ST- ZIP  
**Aventura, FL 33180**

TITLE NAME  
**SO2132914378**  
STREET ADDRESS  
**05/06/02 90130 010 \$150.00**  
CITY- ST- ZIP

TITLE NAME  
**Jaime Dayan, Director**  
STREET ADDRESS  
**GICSA, Avenida de las Palmas #905**  
CITY- ST- ZIP  
**Mexico, DF, Mexico**

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

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**FF \$50**

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE 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 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 # \_\_\_\_\_