

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 29 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000000097

1. Entity Name
SOFIDEV L.C.

Principal Place of Business
407 LINCOLN ROAD, SUITE 8-R
MIAMI BEACH FL 33139

Mailing Address
407 LINCOLN ROAD, SUITE 8-R
MIAMI BEACH FL 33139-3008



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0810712

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERRETTI, ALESSANDRO
407 LINCOLN ROAD, SUITE 8-R
MIAMI BEACH FL 33139

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM FERRETTI, ALESSANDRO NINE ISLAND AVENUE, #401 MIAMI BEACH FL 33139	<input type="checkbox"/>
MGRM CAVALIERI, MAURIZIO 20191 E. COUNTRY CLUB DRIV, APT. PH-11 AVENTURA FL 33180	<input type="checkbox"/>
MGRM FIAMBERTI, EUGENIO VIA XX SETTEMBRE 19/6 GENOA 16121 ITALY	<input type="checkbox"/>
MGRM MOLLE, ALDO DALLE VIA XX SETTEMBRE 19/6 GENOA 16121 ITALY	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

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

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*****50.00 *****50.00

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Alessandro Ferretti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

04/19/2000

305-672-5152

Date

Daytime Phone #