

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M47672

1. Entity Name

ITALIAN GOLD MANUFACTURING CORPORATION

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90196 030 \*\*\*150.00

Principal Place of Business

779 WEST FLAGLER STREET  
MIAMI FL 33130  
US

Mailing Address

779 WEST FLAGLER STREET  
MIAMI FL 33130-1219  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2818808

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TROIA, ALESSIO  
5233 ALTON RD  
MIAMI BEACH FL 33140

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PDT  
TROIA, ORIELLI  
C/O 1300 CORAL WAY #301  
MIAMI FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VTD  
TROIA, ANGIELLE  
C/O-1300 CORAL WAY #301  
MIAMI FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
TROIA, MIGROS  
5233 ALTON RD  
MIAMI BCH FL 33140

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TCD  
TROIA, ALESSIO  
5233 ATON RD  
MIAMI BEACH FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*SI Onoree Troia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date

Daytime Phone #

CR2E034 (9/99)