

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State
 03-15-2001 90023 044 ***150.00

0144836

DOCUMENT # M59956

1. Entity Name

DOMANI KRIZZIA, INC.

Principal Place of Business

777 NW 72 AVE 28B19
 28B14
 MIAMI FL 33126
 US

Mailing Address

777 NW 72 AVE 28B19
 28B14
 MIAMI FL 33126
 US

2. Principal Place of Business

777 N.W. 72 Ave
 Suite, Apt. #, etc.
 202

3. Mailing Address

Suite, Apt. #, etc.

202

City & State

MIAMI FL

City & State

Zip

33126

Country

Zip

Country

4. FEI Number 65-0007833

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUERRA BURGALASSI, ROBERTO
 777 NW 72ND AVE., 28B14
 MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

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

777 N.W. 72 Ave # 202

City

MIAMI

FL

Zip Code

33126

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, 2001 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PSD
 BURGALASSI, ROBERTO G
 13801 NW 22ND PL.
 SUNRISE FL 33323 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VP
 GUERRA, ANA M
 13801 N.W. 22 PLACE
 SUNRISE FL 33323 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
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 CITY-ST-ZIP
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 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 CITY-ST-ZIP
☐ Change ☐ Addition

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

ROBERTO GUERRA, Pres. 3/13/01 305-266-2824

Date

Daytime Phone #

CR2E034 (10/00)