

2000 UNIFORM BUSINESS REPORT (UBR)

2/2

FILED
May 02, 2000 8:00 am
Secretary of State
 02-28-2000 90176 035 ****61.25

DOCUMENT # N04376

1. Entity Name

LE TRE VENEZIE, INC.

Principal Place of Business

4501 MONROE ST
 HOLLYWOOD FL 33021
 US

Mailing Address

PO BOX 1788
 HOLLYWOOD FL 33022
 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

59-2429404

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

Name

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

City

FL

Zip Code

PRONI, OSCAR
4501 MONROE STREET
HOLLYWOOD FL 33021

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
 NAME **FACCHIN, MARIA**
 STREET ADDRESS **1811 JEFFERSON ST. APT. 601**
 CITY-ST-ZIP **HOLLYWOOD FL 32020**

TITLE **PD** ☒ Change ☐ Addition
 NAME **STEFANI, Stanco**
 STREET ADDRESS **2300 N.E. 26 Ave.**
 CITY-ST-ZIP **Pompano Beach, Fl. 33062**

TITLE **VD** ☒ Delete
 NAME **SERGAS, GIUSTO**
 STREET ADDRESS **3350 NE 192 ST**
 CITY-ST-ZIP **N. MIAMI BEACH FL 33180**

TITLE **VPD** ☒ Change ☐ Addition
 NAME **CREVATIN, Oliviero**
 STREET ADDRESS **710 31 Road**
 CITY-ST-ZIP **Hollywood, Fl. 33019**

TITLE **T** ☒ Delete
 NAME **PRONI, OSCAR**
 STREET ADDRESS **4501 MONROE STREET**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **TD** ☒ Change ☐ Addition
 NAME **GIANI, Angela**
 STREET ADDRESS **405 N. 31 Ave.**
 CITY-ST-ZIP **Hollywood, Fl. 33021**

TITLE **STDS** ☒ Delete
 NAME **ZONI, MARY**
 STREET ADDRESS **420 NE 12TH AVE APT. 702**
 CITY-ST-ZIP **HALLANDALE FL 33309**

TITLE **SECYD** ☒ Change ☐ Addition
 NAME **BARTOLI, Severino**
 STREET ADDRESS **1811 Jefferson St.**
 CITY-ST-ZIP **Hollywood, Fl. 33021**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Oscar Proni
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/00 782.7312
 Date Daytime Phone *

CR2E037 (9/99)