

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90351 049 ***150.00

DOCUMENT # **P00000017793**

1. Entity Name

ULIANI, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

320 NW 37 ST

Suite, Apt. #, etc.

3. Mailing Address

SOME

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

POMERO BEACH, FL

City & State

4. Fee Number

65-0988287

Applied For

Not Applicable

Zip

33064

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **LUCIANA ULIANI**

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

320 NW 37 ST

City **POMERO BEACH**

FL

Zip **33064**

**DO NOT WRITE
IN THIS SPACE**

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)

☐

**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 **SP**
NAME **LUCIANA ULIANI**
STREET ADDRESS **320 NW 37 ST**
CITY-ST-ZIP **POMERO BEACH, FL 33064**

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IN THIS SPACE**

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:

Luciana Uliani

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/02 (954) 783-0989

CR2E034B (12/01)