

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90011 008 ***150.00

A0032743

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000024866

1. Entity Name

ALPHITO (FLORIDA) INC.

Principal Place of Business

**3916 SE 18th PLACE
CAPE CORAL, FL 33904**

Mailing Address

**6371-4 PRESIDENTIAL CT.
FT. MYERS, FL 33919**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0988680

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PETRA ROLLER
5051 CASTELLO DR., STE 17
NAPLES, FL 34103**

7. Name and Address of New Registered Agent

Name

RICHARD R. RICCIANI

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

6371-4 PRESIDENTIAL CT.

City

FORT MYERS

FL

Zip Code
33919

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

Richard R. Ricciani

RICHARD R. RICCIANI

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/1/01

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 **PSD** ☐ Delete
NAME **RUDOLF MARX**
STREET ADDRESS **DREISTAENDEGASSE 35**
CITY-ST-ZIP **A-1238 VIENNA, AUSTRIA**

TITLE **VPTD** ☐ Delete
NAME **BRIGITTE MARX**
STREET ADDRESS **DREISTAENDEGASSE 35**
CITY-ST-ZIP **A-1238 VIENNA, AUSTRIA**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIGITTE MARX

Date

Daytime Phone #

CR2E034 (11/00)