

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

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90353 035 ***150.00

DOCUMENT # P00000024866

1. Entity Name

ALPHITO (FLORIDA) INC.

DO NOT WRITE IN THIS SPACE

B0053916

2. Principal Place of Business

3916 SE 18th PLACE

3. Mailing Address

6371-4 PRESIDENTIAL CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CAPE CORAL, FLORIDA

City & State

FORT MYERS, FLORIDA

4. FEI Number

65-0988680

Applied For

Not Applicable

Zip
33904

Country
US

Zip
33919

Country
US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current 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**

**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 ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

PSD
RUDOLF MARX
DREISTAENDEGASSE 35
A-1238 VIENNA, AUSTRIA

VPTD
BRIGITTE MARX
DREISTAENDEGASSE 35
A-1238 VIENNA, AUSTRIA

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/02

Daytime Phone #

CR2E034B (12/01)