

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90079 021 \*\*\*150.00

0151596

**DOCUMENT # P00000034519**

1. Entity Name  
**IPPOCAMPO, INC.**

Principal Place of Business <b>200 SOUTH BUSCAYNE BLVD., SUITE 4815          MIAMI FL 33134</b>	Mailing Address <b>200 SOUTH BUSCAYNE BLVD., SUITE 4815          MIAMI FL 33134</b>
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2. Principal Place of Business <b>1548 Brickell Ave.</b>	3. Mailing Address <b>1548 Brickell Ave.</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>Miami</b>	City & State <b>Miami</b>	4. FEI Number <b>65-1003116</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33129-1210</b>	Country <b>USA</b>	Zip <b>33129-1210</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

~~SALUSSOLIA, PIERO~~  
~~200 SOUTH BUSCAYNE BLVD., SUITE 4815~~  
~~MIAMI FL 33134~~

Name  
**Salussolia, Piero**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1548 Brickell Ave.**  
 City **Miami** FL Zip Code **33129-1210**

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 *Piero Salussolia* **PIERO SALUSSOLIA** 04/26/01  
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CAVALIERI, MAURIZIO</b> <b>20191 E. COUNTRY CLUB, PENTHOUSE #11</b> <b>AVENTURA FL 33180</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPTS</b> <b>CAVALIERI, MAURIZIO</b> <b>20191 E. COUNTRY CLUB, PENTHOUSE #11</b> <b>AVENTURA, FL 33180</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>FIAMBERTI, EUGENIO</b> <b>300 S. Pointe Drive, Apt. 3506</b> <b>Miami Beach, FL 33139</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01 (305) 673-1626  
Date Daytime Phone #

CR2E034 (10/00)