

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000043084

1. Entity Name

DOMUS ITALIA-GIFT IMPORTS, INC.

Principal Place of Business

3409 N.W. 44TH ST., APT. 106  
OAKLAND PARK FL 33309

Mailing Address

3409 N.W. 44TH ST., APT. 106  
OAKLAND PARK FL 33309

2. Principal Place of Business

17536 BIRCHWOOD DRIVE

Suite, Apt. #, etc.

3. Mailing Address

17536 BIRCHWOOD DRIVE

Suite, Apt. #, etc.

City & State

BOCA RATON, FLORIDA

City & State

BOCA RATON, FLORIDA

4. FEI Number

65-1005505

Applied For

Not Applicable

Zip

33487

Country

USA

Zip

33487

Country

USA

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

CORDIANO, GIANLUCA  
3409 N.W. 44TH ST., APT. 106  
OAKLAND PARK FL 33309

Name

CORDIANO, GIANLUCA

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

17536 BIRCHWOOD DRIVE

City

BOCA RATON

FL

Zip Code

33487

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

04/09/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD  
NAME CORDIANO, GIANLUCA  
STREET ADDRESS 3409 N.W. 44TH ST., APT. 106  
CITY-ST-ZIP OAKLAND PARK FL 33309 ☐ Delete

TITLE PSD  
NAME CORDIANO, GIANLUCA  
STREET ADDRESS 17536 BIRCHWOOD DRIVE  
CITY-ST-ZIP BOCA RATON, FLORIDA 33487 ☒ Change ☐ Addition

TITLE VTD  
NAME CASTRINI, BRUNA  
STREET ADDRESS 3409 N.W. 44TH ST., APT. 106  
CITY-ST-ZIP OAKLAND PARK FL 33309 ☐ Delete

TITLE VTD  
NAME CASTRINI, BRUNA  
STREET ADDRESS 17536 BIRCHWOOD DRIVE  
CITY-ST-ZIP BOCA RATON, FL. 33487 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/09/01 (561) 241-9691

Date

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE