

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90892 027 ***150.00

DOCUMENT # P00000043084

1. Entity Name

DOMUS ITALIA-GIFT IMPORTS, INC.

Principal Place of Business

**17536 BIRCHWOOD DRIVE
 BOCA RATON FL 33487**

Mailing Address

**17536 BIRCHWOOD DRIVE
 BOCA RATON FL 33487**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1005505

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CORDIANO, GIANLUCA
 17536 BIRCHWOOD DRIVE
 BOCA RATON FL 33487**

7. Name and Address of New Registered Agent

Name
BRUNA CASTRINI

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 *Bruna Castri* **BRUNA CASTRINI**

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

(NOTE: Registered Agent signature required when reinstating)

3/20/02
 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, 2002 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 **CORDIANO, GIANLUCA**
 STREET ADDRESS **17536 BIRCHWOOD DRIVE**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **VTD** ☐ Delete
 NAME **CASTRINI, BRUNA**
 STREET ADDRESS **17536 BIRCHWOOD DRIVE**
 CITY-ST-ZIP **BOCA RATON FL 33487**

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 **PSTD** ☒ Change ☐ Addition
 NAME **BRUNA CASTRINI**
 STREET ADDRESS **17536 Birchwood Drive**
 CITY-ST-ZIP **Boca Raton, FL 33487**

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

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

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

TITLE ☐ Change ☐ Addition
 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:

Bruna Castri
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/02 (561)241-9691

Date

Daytime Phone #

0405479 AV

CR2E034 (9/01)