

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**  
 05-22-2001 90715 001 \*\*\*300.00

DOCUMENT # P00000049445

1. Entry Name

TORINO INVESTMENTS, CORP. ✓

Principal Place of Business  
 11401 NW 12th Street  
 Suite # 304  
 Miami, FL 33172

Mailing Address  
 114 01 NW 12th St  
 Suite # 304  
 Miami, FL 33172

90 ZAKO

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 11401 NW 12th Street

Suite, Apt. #, etc.  
 # 304

City & State  
 Miami, Florida

4. FEI Number  
 65-1009667

Applied For  
 Not Applicable

Zip  
 Country

Zip  
 Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Osvaldo Sacco  
 11401 NW 12th Street  
 Suite # 304  
 Miami, FL 33172

7. Name and Address of Now Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 re-registering)

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**  
**FILE MAY 22 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  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

PTD  
 Sacco, Osvaldo  
 11401 NW 12th Street # 304  
 Miami, FL 33172 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

VP SD  
 Sacco, Milena  
 11401 NW 12th Street # 304  
 Miami, FL 33172 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

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 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)(f), 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: Milena Sacco Milena Sacco  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

305-463-0833

Date

Daytime Phone #

CR20014 (1/1/00)