

# 2001 UNIFORM BUSINESS REPORT (UBR)

2/1

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90012 013 \*\*\*150.00

**DOCUMENT # P00000060236**

1. Entity Name

AMERICAN BY ITALY IMPORT-EXPORT, INC.

Principal Place of Business

18109 NW 62 CT  
MIAMI FL 33015

Mailing Address

18109 NW 62 CT  
MIAMI FL 33015

2. Principal Place of Business

1537 S.W. 186 TERR.

Suite, Apt. #, etc.

3. Mailing Address

1537 S.W. 186 TERRACE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PEMBROKE PINES FL

City & State

PEMBROKE PINES, FL

4. FEI Number

65-1018560

Applied For

Not Applicable

Zip

33029

Country

BROWARD

Zip

33029

Country

BROWARD

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALCESTE, CESARE  
18109 NW 62 CT  
MIAMI FL 33015

7. Name and Address of New Registered Agent

Name

ALCESTE CESARE

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

1537 S.W. 186 TERRACE

City

PEMBROKE PINES

FL

Zip Code

33029

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)

**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

TITLE	DP	<input type="checkbox"/> Delete
NAME	ALCESTE, CESARE	
STREET ADDRESS	18109 NW 62 CT	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ALCESTE, GIOVANNI	
STREET ADDRESS	18109 NW 62 CT	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SARACINO, GAETANO	
STREET ADDRESS	18109 NW 62 CT	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALCESTE CESARE	
STREET ADDRESS	1537 SW 186 TERR	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALCESTE GIOVANNI	
STREET ADDRESS	1537 S.W. 186 TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARACINO GAETANO	
STREET ADDRESS	1537 S.W. 186 TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

CESARE ALCESTE

FEB-15 2001

954-4365482

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)