

Amended
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000069974

1. Corporation Name

Otreerre, Inc.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

7/18/2000

3a. Date of Last Report

5/23/2001

2. Principal Place of Business

21 777 NW 72 Avenue

Suite, Apt. #, etc.

22 Suite #2L20

City & State

23 Miami FL

Zip

24 33126

County

25

2a. Mailing Address

26 777 NW 72 Avenue

Suite, Apt. #, etc.

27 Suite #2L20

City & State

28 Miami FL

Zip

29 33126

County

30

4. FEI Number

59-3659355

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under
s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Paul G. Finizio
200 SE 9th Street
Ft. Lauderdale, FL 33316

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/27/01

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Paul G. Finizio
200 SE 9th Street
Fort Lauderdale, FL 33316 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
Giorgio Rizzi
777 NW 72 Avenue
Suite #2L20
Miami, FL 33126 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
Giuseppe Rizzi
777 NW 72 Avenue
Suite #2L20
Miami, FL 33126 ☐ 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13, or on attachment with an address.

SIGNATURE

Paul G. Finizio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

7/27/01

Daytime Phone #

954-767-6500

FILED

01 JUL 30 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

102

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

PH: (850) 668-4318 FX: (850) 668-3398

202

DATE: 07-29-01

ACCOUNT NO: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

[Handwritten signature]

TYPE OF FILING: ubr update

NAME: OTREERRE, INC.

SPECIAL INSTRUCTIONS:

RECEIVED
01 JUL 30 AM 11:14
DIVISION OF CORPORATION