

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

0204884 AV

**DOCUMENT # P00000071569**

1. Entity Name

**COBUCCI INTERNATIONAL, CORP.**

04-02-2002 90880 001 \*\*\*150.00

Principal Place of Business

245 SE 1ST  
 SUITE 212  
 MIAMI FL 33131

Mailing Address

245 SE 1ST  
 SUITE 212  
 MIAMI FL 33131

2. Principal Place of Business

4815 NW 79 AVE

3. Mailing Address

4815 NW 79 AVE

Suite, Apt. #, etc.

SUITE 6

Suite, Apt. #, etc.

SUITE 6

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33166

Country

Zip

33166

Country

4. FEI Number

65-1027157

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

~~KALICAS, MARTIN~~  
 245 SE 1ST STREET  
 SUITE 311  
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name ~~KALICAS, MARTIN~~

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 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, 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	PD	<input checked="" type="checkbox"/> Delete
NAME	DESOUZA, JEFFERSON R	
STREET ADDRESS	8 SE 2ND AVE, #410	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CORUCCI, VICENTE	
STREET ADDRESS	8 SE 2ND AVE, #410	
CITY-ST-ZIP	MIAMI FL 33131	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAO MAIA	
STREET ADDRESS	171 NW 97 AVE #518	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICENTE COBUCCI	
STREET ADDRESS	171 NW 97 AVE #518	
CITY-ST-ZIP	MIAMI FL 33172	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)