

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000073792

1. Entity Name

SOGNO IMPORTS, INC.

Principal Place of Business

701 Brickell Avenue
Suite 3000
Miami Florida 33131

Mailing Address

701 Brickell Avenue
Suite 3000
Miami Florida 33131

2. Principal Place of Business

3. Mailing Address

90 ALTON ROAD
2803

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State Miami, FL
MIAMI BEACH - FL

4. FEI Number

65-1034466

Applied For

Not Applicable

Zip

Country

Zip

33134 33139

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 Brickell Ave., Ste. 3000
Miami, Florida 33131

7. Name and Address of New 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 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, 2000 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 DPT
NAME GRASSI, CRISTIANA ☐ Delete
STREET ADDRESS 90 ALTON ROAD, UNIT 203
CITY-ST-ZIP MIAMI BEACH, FLORIDA 33139

TITLE DS
NAME FIGARI, VITTORIO ☐ Delete
STREET ADDRESS 90 ALTON ROAD, UNIT 203
CITY-ST-ZIP MIAMI BEACH, FLORIDA 33139

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME UNIT # 2803 ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME UNIT # 2803 ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

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

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 and address, with all other like empowered.

SIGNATURE:

Cristiana Grassi CRISTIANA GRASSI 3/28/01 (305) 672-9192

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90271 005 ***150.00

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)