

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State

05-17-2001 91280 004 ***150.00

DOCUMENT # P00000074030

1. Entity Name

PASSALACQUA SERRANO SERVICES INC. USA

Principal Place of Business

2105 HOWELL BRANCH RD., APT. 36-D
MAITLAND FL 32751

Mailing Address

2105 HOWELL BRANCH RD., APT. 36-D
MAITLAND FL 32751

2. Principal Place of Business

8320 HARDING AVE

Suite, Apt. #, etc.

SUITE 9

City & State

MIAMI BEACH FL

Zip

33141

Country

3. Mailing Address

8320 HARDING AVE

Suite, Apt. #, etc.

SUITE 9

City & State

MIAMI BEACH FL

Zip

33141

Country

4. FEI Number

59-3667006

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**PASSALACQUA, ALESSANDRO A
2105 HOWELL BRANCH RD., APT. 36-D
MAITLAND FL 32751**

7. Name and Address of New Registered Agent

Name

CAROLINA SERRANO

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

8320 HARDING AVENUE, SUITE 9

City

MIAMI BEACH

FL

Zip Code

33141

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, in both, in the State of Florida.

SIGNATURE **CAROLINA SERRANO**

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

(NOTE: Registered Agent's signature required for informal filings)

DATE **6/10/2001**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	PASSALACQUA, ALESSANDRO A	2105 HOWELL BRANCH RD., APT. 36-D	MAITLAND FL 32751	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	SERRANO, CAROLINA R	2105 HOWELL BRANCH RD., APT. 36-D	MAITLAND FL 32751	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: **CAROLINA SERRANO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/01

Daytime Phone #

CR2034 (10/00)