**FILED** 

## 2002 Uniform Business Report (UBR)

## Mar 13, 2002 8:00 am Secretary of State P00000074896 DOCUMENT # 1. Entity Name 03-13-2002 90061 017 \*\*\*150.00 ITALIA AUTOMOBILE CORPORATION Principal Place of Business Mailing Address 9362 NW SOUTH RIVER DR 9362 NW SOUTH RIVER DR MEDLEY FL 33166 MEDLEY FL 33166 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0601314 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PESTANO, ANTOLIN JR Street Address (P.O. Box Number is Not Acceptable) 7758 NW 44TH ST SUNRISE FL 33351 Zip Code FL 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution, (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) TITLE TITLE Change Addition ☐ Delete ORRINO, GIUSEPPE NAME NAME 9362 NW SOUTH RIVER DR STREET ADDRESS STREET ADDRESS MEDLEY FL 33166 CITY-ST-ZIP CITY-ST-ZIP D٧ TITLE ☐ Delete TITLE Change Addition CHAMORRO, MARTA O NAME NAME 9362 NW SOUTH RIVER DR STREET ADDRESS STREET ADDRESS MEDLEY FL 33166 CITY-ST-7IP CITY-ST-ZIE ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change [ ] Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ---TITLE . Change ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 employered 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: