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2001 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the rece changed, or on an attachmer

SIGNATURE

Sep 13, 2001 8:00 am Secretary of State **DOCUMENT #** P00000080145 PORTOMAGGIORE, INC. 09-13-2001 90053 048 ***150.00 Principal Place of Business Mailing Address 7637 INTERNATIONAL DRIVE 7637 INTERNATIONAL DRIVE ORLANDO FL 32819 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 3671156 Not Applicable Zip Country \$8.75 Additional___ 5. Certificate of Status Desired - - -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRUMER, BARRY N ESQ. Street Address (P.O. Box Number is Not Acceptable) 5728 MAJOR BLVD SUITE 311 ORLANDO FL 32819 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing Tax filing requirement and elects to do so. **\$5.00** May Be After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE ☐ Delete ☐ Change ☐ Addition CR2E034 (5/01) NAME ROMANO, BRUNO NAME 7637 INTERNATIONAL DRIVE STREET ADDRESS STREET ADDRESS ORLANDO FL 32819 CITY-ST-ZIP CITY-ST-ZIP TITLE - -□.Delete . --. Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1 hereby certify that the information indicated on this report or supplem pes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I execute this report as required by Chapter 607, Florida Statutes, and that my name appears i

PORTOMAGGIORE, INC.

7637 International Drive P00000 80147
B00005053

August 24, 2001

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Dear Sir or Madam:

Due to a miscommunication between the company's Lawyer and I we did not pay the fee for 2001 UBR timely.

We are now in the process of hiring personnel and initiating business, due to these factors we are experiencing cash flow problems.

We respectfully are requesting that you eliminate the \$400.00 penalty we incurred to.

As I previously stated our financial situation at this time is not good, and hopping that we continuing doing business with you, we are awaiting a favorable answer to this matter.

Enclosed you will find our check for \$150.00.

Sincerely,

Jose M Teixeira

F/C Bookkeeper