

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91152 019 ***150.00

768782

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000080731	
1. Entity Name ANTICHITA FATUCCHI, INC.	
Principal Place of Business 980 North Michigan Avenue #1590 Chicago, IL 60611	Mailing Address 980 North Michigan Avenue #1590 Chicago, IL 60611

2. Principal Place of Business 1940 Ponce De Leon Blvd.	3. Mailing Address c/o Janice Russell One S.E. 3rd Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc. 28th Floor

City & State Coral Gables, Florida	City & State Miami, Florida	4. FEI Number 52-2271516	Applied For <input type="checkbox"/> Not Applicable
Zip 33134	Country U.S.A.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name AMERICAN INFORMATION SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) ONE S.E. 3RD AVENUE 28TH FLOOR City MIAMI FL Zip Code 33131	
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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.

AMERICAN INFORMATION SERVICES, INC.
 By *Angelica M. Calabrese* **Angelica M. Calabrese**
Assistant Secretary **April 5, 2001**
 SIGNATURE DATE
Signature typed or printed name of registered agent and title if applicable. (NOT: Registered Agent's signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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)(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: *Francesca Fiornovelli* **Francesca Fiornovelli** **April 5, 2001** **(305) 926 2323**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)