

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State
 02-17-2002 90109 027 ***158.75

DOCUMENT # P00000086255

1. Entity Name
TREVISO GRANITE, INC.

Principal Place of Business

**2785 NW 82 AVE
 MIAMI FL 33122**

Mailing Address

**8201 NORTH WEST 66TH STREET
 SUITE 4
 MIAMI FL 33166**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1038392**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MACEDO, SEBASTIAN M
 8201 NORTH WEST 66TH STREET
 SUITE 4
 MIAMI FL 33166**

Name

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

2785 NW 82 AVENUE

City

MIAMI

FL

Zip Code

33122

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
 NAME **ZUCCHI, SEBASTIAO D.**
 STREET ADDRESS **8201 NORTH WEST 66TH STREET**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE **P D** ☒ Change ☐ Addition
 NAME **DE PAULA GOMES, EDUARDO**
 STREET ADDRESS **2785 NW 82 AVENUE**
 CITY-ST-ZIP **MIAMI, FL 33122**

TITLE **VPD** ☐ Delete
 NAME **ZUCCHI GOMES, MARIA DE PENHA**
 STREET ADDRESS **8201 NORTH WEST 66TH STREET**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Change ☐ Addition
 NAME **2785 NW 82 AVENUE**
 STREET ADDRESS **MIAMI, FL 33122**
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **MACEDO, SEBASTIAN M**
 STREET ADDRESS **8201 NORTH WEST 66TH STREET**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☒ Change ☐ Addition
 NAME **2785 NW 82 AVENUE**
 STREET ADDRESS **MIAMI, FL 33122**
 CITY-ST-ZIP

TITLE **TD** ☒ Delete
 NAME **DE PAULA GOMES, EDUARDO**
 STREET ADDRESS **8201 NORTH WEST 66TH STREET**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☒ Change ☐ Addition
 NAME **TD ZUCCHI, SEBASTIAO D.**
 STREET ADDRESS **2785 NW 82 AVENUE**
 CITY-ST-ZIP **MIAMI, FL 33122**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

SEBASTIAN MACEDO, SEBASTIAO D.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

CR2E034 (9/01)