

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
 04-19-2001 90303 012 ***150.00

DOCUMENT # P00000092767

1. Entity Name
ALEPH CLERICI TRADE CONSULTING INC

Principal Place of Business
85 GRAND CANAL DR. #404
MIAMI FL 33144

Mailing Address
85 GRAND CANAL DR. #404
MIAMI FL 33144

2. Principal Place of Business
688 N. DIXIE HWY
 Suite, Apt. #, etc.

3. Mailing Address
688 N. DIXIE HWY
 Suite, Apt. #, etc.

City & State
HOLLYWOOD, FLORIDA
 Zip
33020
 Country
U.S.A.

City & State
HOLLYWOOD, FLORIDA
 Zip
33020
 Country
U.S.A.

4. FEI Number
65-1057300

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CLERICI, GABRIELE
1300 LINCOLN RD, #306
MIAMI BEACH FL 33129-2216

7. Name and Address of New Registered Agent

Name **AMERIGO CLERICI**
 Street Address (P.O. Box Number is Not Acceptable)
688 N. DIXIE HWY
 City **HOLLYWOOD** FL Zip Code **33020**

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]* **DIRECTOR** **02-11-2001**
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, 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 **D** ☐ Delete
 NAME **CLERICI, GABRIELE**
 STREET ADDRESS **1300 LINCOLN RD, #306**
 CITY-ST-ZIP **MIAMI BEACH FL 33129-2216**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
 NAME **CLERICI, AMERIGO**
 STREET ADDRESS **688 N. DIXIE HWY**
 CITY-ST-ZIP **HOLLYWOOD, FL 33020**

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

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

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

TITLE ☐ Change ☐ Addition
 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-13-01 **(954)455-5080**
 Date Daytime Phone #

CR2E034 (10/00)