

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90057 002 ***150.00

DOCUMENT # P00000093176

1. Entity Name
PLANET ITALY, INC.

Principal Place of Business Mailing Address
1900 WEST COMMERCIAL BLVD SUITE 100 **1900 WEST COMMERCIAL BLVD SUITE 100**
FORT LAUDERDALE FL 33309 **FORT LAUDERDALE FL 33309**

2. Principal Place of Business 3. Mailing Address
500 nw 62nd STREET **500 nw 62nd STREET**

Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 455 **SUITE 455**

City & State City & State
FORT LAUDERDALE FL **FORT LAUDERDALE FL**

Zip Country Zip Country
33309 **33309**

4. FEI Number ☒ Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

TOMLINSON, JOHN L
500 NW 62ND STREET SUITE 455
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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

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 **RUSIN, LORENZO**
 STREET ADDRESS **1900 WEST COMMERCIAL BLVD SUITE 100**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE **D** ☒ Delete
 NAME **STRADOLINI, GIANNI GIACOMO**
 STREET ADDRESS **1900 WEST COMMERCIAL BLVD SUITE 100**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE **D** ☒ Delete
 NAME **DE MARCO, GIUSEPPE**
 STREET ADDRESS **1900 WEST COMMERCIAL BLVD SUITE 100**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

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 **PD** ☒ Change ☐ Addition
 NAME **RUSIN, LORENZO**
 STREET ADDRESS **500 nw 62nd STREET SUITE 455**
 CITY-ST-ZIP **fort lauderdale fl 33309**

TITLE **VPD** ☒ Change ☐ Addition
 NAME **STRADOLINI, GIANNI GIACOMO**
 STREET ADDRESS **500 nw 62nd STREET SUITE 455**
 CITY-ST-ZIP **fort lauderdale fl 33309**

TITLE **STD** ☒ Change ☐ Addition
 NAME **DE MARCO, GIUSEPPE**
 STREET ADDRESS **500 nw 62nd STREET SUITE 455**
 CITY-ST-ZIP **fort lauderdale fl 33309**

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:  **PRESIDENT**

04.19.2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)