

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 18, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000097549

1. Entity Name
 PALUMBO USA MIAMI, INC.

Principal Place of Business 7270 NORTH WEST 35TH TERRACE #100 MIAMI FL 33122	Mailing Address 7270 NORTH WEST 35TH TERRACE #100 MIAMI FL 33122
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2. Principal Place of Business ATHENS BLDG 8405 NW 53RD STREET B220	3. Mailing Address ATHENS BLDG 8405 NW 53RD STREET B220
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Suite, Apt. #, etc. B220	Suite, Apt. #, etc. B220
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City & State MIAMI FL	City & State MIAMI FL
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Zip 33166	Country	Zip 33166	Country
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4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TRASOBARES ALEX
 7270 NORTH WEST 35TH TERRACE #100
 MIAMI FL 33122

7. Name and Address of New Registered Agent

Name
 TRIMARCHI JOHN
 Street Address (P.O. Box Number is Not Acceptable)
 ATHENS BLDG 8405 NW 53RD STREET
 B220
 City MIAMI FL Zip Code 33166

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 **JOHN TRIMARCHI**

04/18/2001

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA PERRINO ROBERTO VIA E QUADRANGLIERNO, 6(CP 178) LIVORNO IT 57123	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC TRIMARCHI JOHN SEC ATHENS BLDG 8405 NW 53RD STREET MIAM FL 33166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LARES PEDRO V.P. ATHENS BLDG 8405 NW 53RD STREET MIAMI FL 33166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES TRIMARCHI JOHN PRES ATHENS BLDG 8405 NW 53RD STREET MIAMI FL 33166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **JOHN TRIMARCHI**

PRES 04/18/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)