

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State

06-19-2001 90003 033 ***550.00

DOCUMENT # P00000106257

1. Entity Name
ITALIAN FOLIAGE & LEAVES, INC.

Principal Place of Business Mailing Address
315 NAVARRE #7 **315 NAVARRE #7**
CORAL GABLES FL 33134 **CORAL GABLES FL 33134**

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 Applied For
65-1054613 Not Applicable

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

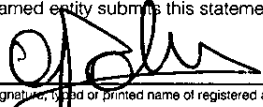
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DVOSKIN, LUCAS
315 NAVARRE #7
CORAL GABLES FL 33134

Name **Augusto De Lucas**
 Street Address (P.O. Box Number is Not Acceptable)
231 MENORES
 City **CORAL GABLES** **FL** Zip Code **33134**

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  DATE **6/11/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

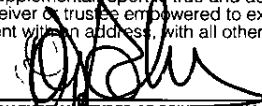
10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

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	
	D	DVOSKIN, LUCAS	315 NAVARRE #7	CORAL GABLES FL 33134	<input checked="" type="checkbox"/>		Augusto De Lucas	231 Menores	CORAL GABLES FL 33134	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	

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:  DATE **6/11/01** DAYTIME PHONE # **(305) 488-9127**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)