

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91320 013 ***150.00

DOCUMENT # P00000109108

1. Entity Name

CUSTOM KITCHENS FROM ITALY, INC.

Principal Place of Business

Mailing Address

899 WEST AVENUE
 SUITE 7A
 MIAMI BEACH FL 33139

899 WEST AVENUE
 SUITE 7A
 MIAMI BEACH FL 33139

LU066989

2. Principal Place of Business

3. Mailing Address

MIAMI BEACH

855 EUCLID AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt. 306

Apt. 306

City & State

City & State

MIAMI BEACH, FL

MIAMI BEACH, FL

Zip

Country

Zip

Country

33139 USA

33139 USA

4. FEI Number

65-1089919

Applied For

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

CANDELORA, GEROLAMO
899 WEST AVENUE
SUITE 7A
MIAMI BEACH FL 33139

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Delete
 NAME **GEROLAMO CANDELORA**
 STREET ADDRESS **855 EUCLID AVENUE Apt. 306**
 CITY-ST-ZIP **MIAMI BEACH, FL 33139**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEROLAMO CANDELORA April 22/01 305 672 6306

Date

Daytime Phone #

CR2E034 (10/00)