

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90629 015 ***150.00

DOCUMENT # P00000109704

1. Entity Name
AZZURRI COLLECTION, INC.



Principal Place of Business
**9454 HARDING AVENUE
SURFSIDE FL 33154**

Mailing Address
**9454 HARDING AVENUE
SURFSIDE FL 33154**

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 **65-1114667**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PICCIONELLO, MARCO
9454 HARDING AVENUE
SURFSIDE FL 33154**

Name **SALVATORE PICCIONELLO**
Street Address (P.O. Box Number is Not Acceptable)
9454 HARDING AVENUE
City **SURFSIDE** FL **33154**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Salvatore Piccionello*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/15/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------------|--|
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | PICCIONELLO, MARCO | |
| STREET ADDRESS | 9454 HARDING AVENUE | |
| CITY-ST-ZIP | SURFSIDE FL 33154 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | PICCIONELLO, SALVATORE | |
| STREET ADDRESS | 9454 HARDING AVENUE | |
| CITY-ST-ZIP | SURFSIDE FL 33154 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | PICCIONELLO, ESTELLA | |
| STREET ADDRESS | 9454 HARDING AVENUE | |
| CITY-ST-ZIP | SURFSIDE FL 33154 | |
| TITLE | | <input type="checkbox"/> Delete |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Salvatore Piccionello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-15-03

CR2E034 (10/02)

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