


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

06-09-2003 90125 013 \*\*\*150.00

**DOCUMENT #** P00000115980 

1. Entity Name  
ITALY 21, INC.

Principal Place of Business  
849 TANGLEWOOD CIRCLE  
WESTON FL 33327

Mailing Address  
849 TANGLEWOOD CIRCLE  
WESTON FL 33327

2. Principal Place of Business  
10720 NW 58 street.

3. Mailing Address  
10720 NW 58 street

Suite, Apt. #, etc.

City & State  
Miami Florida

City & State  
Miami Florida

Zip  
33174

Country  
USA

Zip  
33178

Country  
USA

4. FEI Number  
65-1067670

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
CORONA, LUIS  
849 TANGLEWOOD CIRCLE  
WESTON FL 33327

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
~~After May 4, 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>CORONA, LUIS<br>849 TANGLEWOOD CIRCLE<br>WESTON FL 33327 <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>CORONA, FELIPE<br>849 TANGLEWOOD CIRCLE<br>WESTON FL 33327 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>BETANCOURT, ROMAN<br>905 NANDINA DR<br>WESTON FL 33327 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>DE BETANCOURT, MAIGUALIDA<br>905 NANDINA DR<br>WESTON FL 33327 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | T<br>MIRIAM MORALES<br>905 NANDINA DR<br>WESTON FL 33327 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | S<br>GIOVANNA SCHIAVO<br>905 NANDINA DR<br>WESTON FL 33327 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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 thereto, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** Roman Betancourt - Pres 4/24/03 (309) 513-9362

DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

CR2E034 (10/02)