

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

ATX1

DOCUMENT # P01000008821

1. Entity Name
DE NICOLO, INC

02 MAY -3 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
782 Nw Ave
Suite 638
Miami, FL
33126

2. Principal Place of Business 3. Mailing Address
5670 Nw 116 Avenue 5670 Nw 116 Avenue

Suite, Apt. #, etc. Suite, Apt. #, etc.
113 113

City & State City & State
Miami, FL Miami, FL

Zip Country Zip Country
33178 usa 33178 USA

4. FEI Number Applied For
65-1120467 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

Mazza, Martinez, Tania A
782 NW Ave
Suite 638
Miami, FL 33126

Name
Luis J Denicolo
Street Address (P.O. Box Number is Not Acceptable)
5670 NW 116 Avenue # 113
City Zip Code
Miami FL 33178

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☐ Delete
NAME Luis J Denicolo
STREET ADDRESS 782 NW Ave Ste 638
CITY - ST - ZIP Miami, FL 33126

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5670 NW 116 Avenue # 113
CITY - ST - ZIP Miami, FL 33178

TITLE Director ☐ Delete
NAME De Nicolo, Janeth Acosta
STREET ADDRESS 782 NW Ave Ste 638
CITY - ST - ZIP Miami, FL 33126

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5670 NW 116 Avenue # 113
CITY - ST - ZIP Miami, FL 33178

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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  President 3/1/2002 (000) 000-0003

CR2E034 (999)

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*****150.00 *****150.00