

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000051301

1. Entity Name
TEX-SUN TRADING, INC.

Principal Place of Business
9 ISLAND AVE. UNIT 2304
MIAMI BEACH FL 33139

Mailing Address
~~200 S OREGANWAY BLVD. SUITE 4015~~
~~MIAMI FL 33131~~

2. Principal Place of Business

3. Mailing Address
1548 BRICKELL AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI, FL

Zip

Country

Zip
33129-1210

Country

U.S.A.

4. FEI Number
65-1112680

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SALUSSOLIA, PIERO
1548 BRICKELL AVE
MIAMI FL 33129-1210

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.

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	BORGOMANERO, GIAN P VIA DELLA SPIGA 22 20121 MILANO, ITALY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MARELLI, ALESSIA 1548 BRICKELL AVENUE MIAMI FL 33129-1210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BORGOMANERO, GIAN PAOLO VIA DELLA SPIGA 22 20121 MILANO ITALY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS DE NARDI, PIETRO VIA BONETTO 5 3104 SALGARETA TR, ITALY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Alessia Marelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/23/2002 305-373-7016
Date Daytime Phone #

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-06-2002 90180 043 ***150.00

DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)