

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90085 042 \*\*\*150.00

**DOCUMENT # P01000062874**

1. Entity Name  
**MEDITERRANEAN INVESTMENTS, INC.**

Principal Place of Business  
**1205 WINDWARD COURT  
 PUNTA GORDA FL 33950**

Mailing Address  
**1205 WINDWARD COURT  
 PUNTA GORDA FL 33950**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**5909 SANDSTONE AVE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**5909 SANDSTONE AVE.**  
 Suite, Apt. #, etc.

City & State  
**SARASOTA FL**  
 Zip  
**34243**  
 Country  
**USA**

City & State  
**SARASOTA FL**  
 Zip  
**34243**  
 Country  
**USA**

4. FEI Number  
**65-1115979**  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ANZELLINI, VINCENZO  
 1205 WINDWARD COURT  
 PUNTA GORDA FL 33950**

7. Name and Address of New Registered Agent

Name  
**ANZELLINI VINCENZO**

Street Address (P.O. Box Number is Not Acceptable)

**5909 SANDSTONE AVE.**

City  
**SARASOTA FL** Zip Code  
**34243**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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  
**PSTD**  
 NAME  
**ANZELLINI, VINCENZO**  
 STREET ADDRESS  
**1205 WINDWARD COURT**  
 CITY-ST-ZIP  
**PUNTA GORDA FL 33950**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**5909 SANDSTONE AVE.**  
**SARASOTA FL 34243**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 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: **Vincenzo Anzellini** **04/2nd/02** **941-351.1053**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0403159 AV

CR2E034 (9/01)