

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90640 001 ***300.00

DOCUMENT # P 010000 64380

1. Entity Name
Aosta Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1100 MARGARET
Suite, Apt. #, etc.

3. Mailing Address
219 Elizabeth st.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Key West FL.

City & State
Key West FL.

4. FEI Number
65-1116556

Applied For
Not Applicable

ZIP
33040

Country
Monroe

ZIP
33040

Country
Monroe

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Leonardo Wolf

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

219 Elizabeth st.

City
Key West FL.

FL

Zip Code
33040

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 Leonardo Wolf DATE 4-10-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
President
NAME
Leonardo Wolf
STREET ADDRESS
219 Elizabeth st.
CITY-ST-ZIP
Key West FL. 33040

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)