

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90142 040 \*\*\*150.00

**DOCUMENT #** P01000084211

1. Entity Name

IMPERIO FLORIDA, INC.

Principal Place of Business

12236 SW 8 STREET  
 MIAMI FL 33184

Mailing Address

12236 SW 8 STREET  
 MIAMI FL 33184

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

6801 NW 77 Ave

Suite, Apt. #, etc.

102

City & State

Miami, FL 33166

Zip

33166

Country

4. FEI Number

80-0005810

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LASSO, JILMA M ESQ

782 NW LE JEUNE RD SUITE 440  
 MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

Dani Del Vecchio

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

6801 NW 77 Ave #102

City

Miami

FL

FL

Zip Code

33166

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

Dani Del Vecchio

x

Dani Del Vecchio

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          | D    | Vecchio, Dani Del | <input type="checkbox"/> Delete |
| NAME           |      | 12236 SW 8 STREET |                                 |
| STREET ADDRESS |      | MIAMI FL 33184    |                                 |
| CITY-ST-ZIP    |      |                   |                                 |
| TITLE          | PVST | Vecchio, Dani Del | <input type="checkbox"/> Delete |
| NAME           |      | 12236 SW 8 STREET |                                 |
| STREET ADDRESS |      | MIAMI FL 33184    |                                 |
| CITY-ST-ZIP    |      |                   |                                 |
| TITLE          |      |                   | <input type="checkbox"/> Delete |
| NAME           |      |                   |                                 |
| STREET ADDRESS |      |                   |                                 |
| CITY-ST-ZIP    |      |                   |                                 |
| TITLE          |      |                   | <input type="checkbox"/> Delete |
| NAME           |      |                   |                                 |
| STREET ADDRESS |      |                   |                                 |
| CITY-ST-ZIP    |      |                   |                                 |
| TITLE          |      |                   | <input type="checkbox"/> Delete |
| NAME           |      |                   |                                 |
| STREET ADDRESS |      |                   |                                 |
| CITY-ST-ZIP    |      |                   |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (9/01)