FILED

2002 Uniform Business Report (UBR)

changed, or on an attachment with an address,

Apr 09, 2002 8:00 am Secretary of State **DOCUMENT #** P01000092955 1. Entity Name DIEGO BERLUSCONI, INC 04-09-2002 90017 029 ***150.00 Principal Place of Business Mailing Address 4141 NW 26TH ST #324 4141 NW 26TH ST #324 LAUDERHILL FL 33313 LAUDERHILL FL 33313 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERLUSCONI, DIEGO Street Address (P.O. Box Number is Not Acceptable) 4141 NW 26TH ST #324 LAUDERHILL FL 33313 City 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition BERLUSCONI, DIEGO NAME NAME STREET ADDRESS 4141 NW 26TH ST #324 STREET ADDRESS CITY-ST-ZIP LAUDERHILL FL 33313 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ___ Addition NAME BERLUSCONI, NORBERTO M NAME STREET ADDRESS 4141 NW 26TH ST #324 STREET ADDRESS CITY-ST-7IP LAUDERHILL FL 33313 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NOTTALYOVANI, BRUNO S NAME STREET ADDRESS 4141 NW 26TH ST #324 STREET ADDRESS CITY-ST-7IP LAUDERHILL FL 33313 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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