

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 02, 2002 8:00 am
Secretary of State

07-02-2002 90814 028 ***558.75

DOCUMENT # P01000106435

1. Entity Name

D'ARRIGO MODA ITALIA, INC.

Principal Place of Business

**3769 STEWART AVE
COCONUT GROVE FL 33133**

Mailing Address

**3769 STEWART AVE
COCONUT GROVE FL 33133**

2. Principal Place of Business

8180 SW 47 Ave

Suite, Apt. #, etc.

3. Mailing Address

8180 SW 47 Ave

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Miami Florida

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**DIAZ, PAULINO
3769 STEWART AVE
COCONUT GROVE FL 33133**

7. Name and Address of New Registered Agent

Name **Diaz, Paulino**

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

8180 SW 47 AveCity **Miami**

FL

Zip Code **33143**

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)

June 27th 2002

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	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
President	Diaz, Paulino	8180 SW 47 Ave	Miami Florida 33143	
Secretary	Fuentes, Radulfo	14021 Cypress Ct.	Miami Lakes Florida 33140	

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**June 27th 2002**

Date

800-716-0161

Daytime Phone #

0239799 AV

CR2E034 (9/01)