

2002 UNIFORM BUSINESS REPORT (UBR)

0000588 AV

DOCUMENT # P01000113796
1. Entity Name
 SHOP ITALIA, INC

FILED

02 JUL 19 AM 11:00

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business **Mailing Address**
 840 OCEAN DR
 MIAMI BEACH FL 33139 840 OCEAN DR
 MIAMI BEACH FL 33139

2. Principal Place of Business **3. Mailing Address**
 9195 Collins Avenue 9195 Collins AV
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 MIAMI Beach FL MIAMI Beach FL

4. FEI Number **Applied For**
 65-1154099 Not Applicable

Zip **Country** **Zip** **Country**
 33154 USA 33154 USA

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

6. Name and Address of Current Registered Agent
 MOYAL, PATRICK R
 208 N UNIVERSITY DR
 PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete AMSALEM, MOSHE 3175 NE 184 ST, STE 3203 N MIAMI BEACH FL 33160
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 type="checkbox"/> Addition 700006588837--5 -07/23/02--01037--014 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 or without like empowered.

SIGNATURE: SIGNATURE 6/20/02 305-343-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

002E034 (9/01)

Attachment
Document #
P01000113796

MOYAL & ASSOCIATES, INC
208 N. UNIVERSITY DRIVE
PEMBROKE PINES, FLORIDA 33024

June 20, 2002 -

SECRETARY OF STATE
DIVISION OF CORPORATIONS

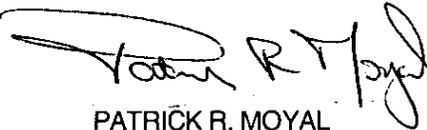
RE: ANNUAL REPORT FOR SHOP ITALIA, INC
DOC # P01000113796

Dear Sir or Madam:

ENCLOSED IS THE ANNUAL FEE FOR SHOP ITALIA, INC \$ 150.00 FOR 2002. THE BUSINESS WAS SOLD ON APRIL 20, 2002 THEN THE BUYER CANCELLED THE DEAL. IT WAS THE OWNER INTENTION TO CLOSE THE CORPORATION, NOW THE OWNER TOOK THE BUSINESS BACK AND HE IS OPERATING IT. PLEASE ACCEPT THEIR CHECK FOR \$ 150.00 AND WAIVE ANY PENALTIES UNDER THEY SPECIAL CIRCUMSTANCES.

WE THANK YOU IN ADVANCE FOR YOUR HELP IN THIS MATTER

SINCERELY,



PATRICK R. MOYAL

TEL: 954-430-3930
FAX: 954-430-3939
EMAIL: PMOYAL@MSN.COM