

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

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

9195 Collins Avenue

3. Mailing Address

9195 Collins AV

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MIAMI BEACH FL

City & State
MIAMI BEACH FL

4. FEI Number
65-1154099

Applied For
Not Applicable

Zip Country
33154 USA

Zip Country
33154

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOYAL, PATRICK R
208 N UNIVERSITY DR
PEMBROKE PINES FL 33024

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
P
AMSALEM, MOSHE
STREET ADDRESS
3175 NE 184 ST, STE 3203
CITY-ST-ZIP
N MIAMI BEACH FL 33160

TITLE NAME ☐ Change ☐ Addition
700006588837-5
-07/23/02--01037--014
****150.00 ****150.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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)(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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/02 305-343 2500

Date Daytime Phone #

002E034 (9/01)

Attachment
Document #
PO1000113796

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 # PO1000113796

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