

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90175 013 ***158.75

DOCUMENT # P 02000036405

1. Entity Name

EFEVE, CORP.



DO NOT WRITE IN THIS SPACE

11009838

2. Principal Place of Business
16950 N BAY RD.

3. Mailing Address
16950 N BAY RD.

Suite, Apt. #, etc.
SUITE 1606-2

Suite, Apt. #, etc.
SUITE 1606-2

City & State
SUNNY ISLE BEACH, FL

City & State
SUNNY ISLE BEACH, FL

4. FEI Number
74-3041524

Applied For
Not Applicable

Zip
33160

Country
DADE

Zip
33160

Country
DADE

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

PRESIDENT 04/15/2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	FEDERICO GARELLO PRESIDENT 16950 N BAY RD. STE. 1606-2 SUNNY ISLE BEACH, FL 33160	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	OSVALDO F. MASTROBERARDINO VICEPRESIDENT 16950 N BAY RD. STE. 1606-2 SUNNY ISLE BEACH, FL 33160	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MIGUEL A. GARELLO SECRETARY 16950 N BAY RD. STE. 1606-2 SUNNY ISLE BEACH, FL 33160	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

PRESIDENT 04/15/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)