2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2003 8:00 am
Secretary of State
06-11-2003 90062 038 ***158.75

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[redacted]

DOCUMENT # P02000049035 (L)

1. Entity Name
CINZIA CORPORATION

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
6320 MIRAMAR PKWY MIRAMAR FL 33023	6320 MIRAMAR PKWY MIRAMAR FL 33023

2. Principal Place of Business	3. Mailing Address
CINZIA CORP	1943 PEMBROKE RoL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FLORIDA	City & State: Hollywood
Zip: 33020 Country: MIAMI	Zip: 33020 Country: MIAMI

4. FEI Number: 03-0445536 ☒ Applied For ☐ Not Applicable

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
TUMMOLILLO, GIUCIA GIULIA 900 NE 12 AVE #202 HALLANDALE FL 33009	Name: GIULIA TUMMOLILLO Street Address (P.O. Box Number is Not Acceptable): 900 NE 12 AVE APT 202 City: HALLANDALE FL Zip Code: 33009

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: GIULIA TUMMOLILLO
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TUMMOLILLO, GIULIA 900 NE 12 AVE #202 HALLANDALE FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PORCEDDU, GIANNI GIACOMO UTA GIMOCCHIO M-7 RAMIRO, MOUI LIGURE ALESSAMDRIA, ITALIA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HOFFMANN, CINZIA UTA RAMIRO GIMOCCHIO M-7, MOUI LIGURE ALESSAMDRIA, ITALIA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Giulia Tummolillo 4-07-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR DIRECTOR Date

GIULIA TUMMOLILLO 954-920-10-25
Daytime Phone #