

03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000119051

1. Entity Name

UMMC, INC.

FILED

03 JAN -8 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
150 SE 2nd Avenue

3. Mailing Address
150 SE 2nd Avenue

Suite, Apt. #, etc.
Suite 1010

Suite, Apt. #, etc.
Suite 1010

DO NOT WRITE IN THIS SPACE

City, State
Miami, Florida

City, State
Miami, Florida

4. FEI Number
74-3069892

Applied For
Not Applicable

33131

Country USA

Zip 33131

Country USA

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 Stefania Bologna

Street Address (P.O. Box Number is Not Acceptable)
150 SE 2nd Avenue, Suite 1010

City Miami

FL

Zip Code 33131

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)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 VP/T/D
NAME Dellea, Carla
STREET ADDRESS 227 Michigan Avenue, #101
CITY- ST- ZIP Miami Beach, FL 33139

TITLE P/S/D
NAME Toscani, Emilio
STREET ADDRESS 227 Michigan Avenue, #101
CITY- ST- ZIP Miami Beach, FL 33139

TITLE VP
NAME DIPERSIA, GIAMPIERO
STREET ADDRESS 10 N.E. 39th Street
CITY- ST- ZIP Miami, Fl. 33137

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
700009668077
12/24/02-01032-001 \$51.25

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
700009668077
01/08/03-01077-001 \$58.75

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with or without other life empowered.

SIGNATURE:

Emilio Toscani

12-10-02(305)379-7676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

25/1/9